

[Company Header/Logo Placeholder]

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

RE: Directors and Officers (D&O) Liability Insurance Premium Invoice

Dear [Contact Name],

Enclosed please find the premium invoice for your Directors and Officers Liability Insurance policy for the upcoming term.

Policy Details:

- **Carrier:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Policy Period:** [Start Date] to [End Date]

Billing Summary:

Description	Amount
Annual Premium	[\$Amount]
Taxes/Surcharges	[\$Amount]
Brokerage/Admin Fees	[\$Amount]
Total Amount Due	[\$Total Amount]

Payment Due Date: [Date]

Please make checks payable to [**Payee Name**] and remit payment to the following address:

[Mailing Address for Payments]

[City, State, Zip Code]

For wire transfers or ACH payments, please use the following instructions:

- Bank Name: [Bank Name]
- Account Number: [Number]
- Routing Number: [Number]

Failure to remit payment by the due date may result in a lapse of coverage. If you have any questions regarding this invoice or your coverage, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]