[Date]

[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: Notice of Past Due Premium

Policy Number: [Policy Number]
Due Date: [Original Due Date]
Amount Due: $[Amount]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for the insurance policy listed above. Your payment was due on [Original Due Date].

To ensure that your insurance coverage remains active and uninterrupted, please submit your payment of $[Amount] by [Grace Period Expiration Date].

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send a check to the address listed below.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment or have questions regarding your policy, please contact our customer service department at [Phone Number] between [Hours of Operation].

Thank you for choosing [Company Name].

Sincerely,

[Sender Name/Department]
[Company Name]