[Your Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: NOTICE OF PAST DUE PREMIUM - Policy #[Policy Number]

Dear [Policyholder Name],

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

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

To ensure that your insurance coverage remains active and uninterrupted, please submit your payment as soon as possible. You can make a payment through one of the following methods:

- **Online:** Visit [Website URL] and log into your account.
- **Phone:** Call our automated system at [Phone Number].
- **Mail:** Send a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your billing, please contact our customer service team at [Phone Number] so we can assist you.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]