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

[Date]

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

RE: NOTICE OF OVERDUE INSURANCE PREMIUM

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Amount Due: $[Amount]
Original Due Date: [Date]

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 [Date] and is now past due.

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please submit your payment immediately. You can pay your bill through one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed at the top of this letter.

Please note that if payment is not received by [Grace Period Expiration Date], your policy may be subject to cancellation. A lapse in coverage could leave you without protection in the event of a claim.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our customer service department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[Company Name]