[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

**Subject: First Notice - Grace Period for Policy #[Policy Number]**

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your insurance policy, which was due on [Due Date].

Please be advised that your policy has now entered a [Number of Days]-day grace period. To ensure your coverage remains active and uninterrupted, a payment of **$[Amount Due]** must be received by **[Grace Period Expiration Date]**.

**Payment Details:**

- **Policy Number:** [Policy Number]
- **Amount Due:** $[Amount Due]
- **Due Date:** [Due Date]
- **Grace Period Ends:** [Grace Period Expiration Date]

If payment is not received by the expiration of the grace period, your policy will lapse, and your coverage will terminate effective [Cancellation Date].

You can make a payment through the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send your check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you have any questions or are experiencing difficulties making your payment, please contact our Customer Service department immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]