[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]

RE: Urgent - Past Due Premium for Policy #[Policy Number]

Dear [Policyholder Name],

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

Current Amount Due: $[Amount]

To ensure that your insurance coverage remains active and to avoid a lapse in protection, please submit your payment immediately. If payment is not received by [Grace Period End Date], your policy may be subject to cancellation.

How to Pay:

- **Online:** Visit [Website URL] to pay via credit card or bank transfer.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check to [Payment Address].

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 team as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Company Name]
[Billing Department/Contact Person]
[Phone Number]