[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Initial Notice of Delinquent Premium - Policy #[Policy Number]

Dear [Insured Name],

Our records indicate that we have not yet received the premium payment for the insurance policy referenced above. As of [Current Date], your account shows an overdue balance of $[Amount Due].

This payment was originally due on [Original Due Date].

To ensure that your insurance coverage remains active and uninterrupted, please submit your payment immediately. You may pay via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If payment is not received by [Grace Period End Date], your policy may be subject to cancellation or a lapse in coverage. 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 department at [Phone Number] or [Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[Company Name]