Date: [Insert Date]

To: [Policyholder Name]
Address: [Insert Address]
Policy Number: [Insert Policy Number]

Subject: First Warning Notice: Overdue Insurance Premium

Dear [Policyholder Name],

This is a formal reminder that we have not yet received the premium payment for your insurance policy mentioned above. According to our records, your payment was due on [Insert Due Date].

Payment Details:

- **Amount Due:** [Insert Amount]
- **Original Due Date:** [Insert Date]

We understand that this may have been an oversight. However, please be advised that failure to pay your premium may lead to the suspension or cancellation of your insurance coverage. It is important to maintain continuous coverage to ensure you remain protected.

Please settle the outstanding balance by [Insert Grace Period Deadline] to avoid any interruption to your policy.

How to pay:

[Insert payment instructions, e.g., online portal link, bank transfer details, or phone number].

If you have already made this payment within the last few days, please disregard this letter. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department immediately at [Insert Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]