[Your Company Name]
[Billing Department]
[Street Address]
[City, State, Zip Code]

[Date]

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

Re: Notice of Past Due Premium

Policy Number: [Policy Number]
Amount Overdue: $[Amount]

Dear [Policyholder Name],

We are writing to inform you that we have not yet received the premium payment for your insurance policy, which was due on [Due Date].

To ensure that your coverage remains active and uninterrupted, please submit your payment of $[Amount] by [Grace Period Expiration Date].

You can make a payment through one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed above.

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

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]