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

[Date]

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

Subject: NOTICE OF PAST DUE PREMIUM - [Policy Number]

Dear [Policyholder Name],

This is a formal reminder that we have not yet received the premium payment for your [Type of Insurance, e.g., Auto/Home] insurance policy, which was due on [Due Date].

Account Summary:
Policy Number: [Policy Number]
Past Due Amount: $[Amount]
Late Fee (if applicable): $[Amount]
Total Amount Due: $[Total Amount]

To ensure your coverage remains active and to avoid any lapse in protection, please submit your payment by [Final Deadline Date].

Payment Options:
- Pay Online: [Website URL]
- Pay by Phone: [Phone Number]
- Pay by Mail: Please send a check to the address listed at the top of this letter.

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 department immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Company Name]