[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Reminder: Your Premium Payment for Policy #[Policy Number] is Overdue

Dear [Policyholder Name],

This is a friendly reminder that we have not yet received the premium payment for your insurance policy referenced above. Our records show that the payment was due on [Due Date].

Payment Details:

- Policy Number: [Policy Number]
- Amount Due: $[Amount]
- Original Due Date: [Due Date]

To ensure that your coverage remains active and uninterrupted, please submit your payment as soon as possible. You can make a payment through the following methods:

- Online via our portal: [Link]
- By phone: [Phone Number]
- By mail: Please 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, please contact our billing department immediately to discuss available options.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name/Department]
[Your Company Name]