

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

**RE: SECOND NOTICE - Past Due Premium for Policy #[Policy Number]**

Dear [Policyholder Name],

This is a second reminder that we have not yet received payment for your auto insurance premium, which was due on [Original Due Date].

Our records show that your account is currently past due in the amount of \$[Amount Due].

Your auto insurance coverage is at risk of cancellation. To ensure your protection remains uninterrupted and to avoid a lapse in coverage, please submit your payment immediately. A lapse in coverage may result in higher future premiums and legal penalties for driving uninsured.

**Payment Details:**

- **Amount Due:** \$[Amount Due]
- **Final Deadline to Avoid Cancellation:** [Cancellation Date]

You can make a payment through our website at [Website URL], by phone at [Phone Number], or by mailing a check using the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact our billing department at [Phone Number] to discuss available payment options.

Sincerely,

[Name of Insurance Company]

[Billing Department Contact Information]