

[Insurance Company Name]
[Address Line 1]
[Address Line 2]
[Phone Number]

[Date]

[Policyholder Name]
[Business Name]
[Address Line 1]
[Address Line 2]

RE: SECOND NOTICE - PAST DUE PREMIUM

Policy Number: [Policy Number]
Policy Type: Commercial General Liability
Past Due Amount: \$[Amount]
Original Due Date: [Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your Commercial General Liability insurance premium, despite our previous notice sent on [Date of First Notice]. Your account is now [Number] days past due.

Please be advised that your insurance coverage is at risk of cancellation if payment is not received immediately. To maintain continuous coverage and avoid any lapse in protection for your business, please remit the total amount due of \$[Amount] by [Final Payment Date].

You can make your payment via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- 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 billing, please contact our billing department immediately at [Phone Number].

Sincerely,

[Name/Department]
[Insurance Company Name]