

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

[Date]

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

Subject: SECOND NOTICE - Past Due Renters Insurance Premium

Policy Number: [Policy Number]
Past Due Amount: \$[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

This is a second reminder that we have not yet received the premium payment for your renters insurance policy. Our records indicate that your account is now [Number] days past due.

Your coverage protects your personal belongings and provides essential liability protection. To prevent a lapse in coverage or the cancellation of your policy, please submit your payment immediately.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send a check or money order using the enclosed envelope.

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 billing department as soon as possible.

Sincerely,

[Name/Signature]
[Title]
[Company Name]