

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

[Date]

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

**RE: SECOND NOTICE - PAST DUE PREMIUM**

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

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for the General Liability insurance premium listed above. This is our second request for payment.

To ensure your coverage remains active and to avoid any potential lapse in protection, please submit your payment immediately. You may pay by [payment methods, e.g., online portal, phone, or mail].

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

Failure to bring your account current may result in the formal cancellation of your policy.

Sincerely,

[Your Name/Department]  
[Your Company Name]