

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

[Date]

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

RE: SECOND NOTICE - PAST DUE PREMIUM

Policy Number: [Policy Number]
Policy Type: Professional Indemnity Insurance
Amount Overdue: [Amount Due]
Original Due Date: [Due Date]

Dear [Policyholder Name],

We are writing to notify you that we have not yet received payment for your Professional Indemnity insurance premium, which is now significantly overdue. Our records indicate that a previous notice was sent on [Date of First Notice], but the balance remains outstanding.

Your Professional Indemnity coverage is essential for protecting your business against claims of professional negligence. Please be advised that failure to remit payment immediately may result in the cancellation of your policy and a lapse in coverage. A lapse in coverage could leave you personally liable for any claims made during that period.

To ensure your protection remains in place, please settle the outstanding balance of [Amount Due] by [Final Deadline Date].

Payment Options:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: Please send a check to the address listed above.

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties or have questions regarding your invoice, please contact our billing department immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Title]