

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

[Date]

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

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

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

Dear [Policyholder Name],

This is an urgent reminder that we have not yet received payment for your insurance premium, which is now significantly overdue. Our records indicate that a previous notice was sent on [Date of First Notice], but your account remains unpaid.

To ensure your coverage remains active and to avoid a lapse in protection, payment must be received by **[Final Deadline Date]**. Failure to pay by this date will result in the cancellation of your policy effective [Cancellation Date/Time].

Please submit your payment immediately through one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed above.

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 customer service department immediately at [Phone Number].

Sincerely,

[Your Name/Department]  
[Your Company Name]