

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

**RE: Notice of Insufficient Funds - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We are writing to inform you that your recent premium payment in the amount of \$[Amount], attempted on [Date of Attempt], was returned by your financial institution due to non-sufficient funds (NSF).

As a result, the premium for the period of [Coverage Period] remains unpaid. To ensure that your insurance coverage remains active and to avoid any lapse in protection, please provide a replacement payment by [Due Date].

Please note that a returned item fee of \$[Fee Amount] has been applied to your account as per your policy agreement.

**Payment Options:**

- Pay online at: [Website URL]
- Pay by phone: [Phone Number]
- Mail a money order or cashier's check to: [Mailing Address]

If you have already sent a replacement payment, please disregard this notice. If you believe this is an error, please contact our billing department immediately at [Customer Service Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]

[Company Name]