

[Company Name]
[Address Line 1]
[Address Line 2]
[Phone Number]

[Date]

[Insured Name]
[Insured Address Line 1]
[Insured Address Line 2]

RE: NOTICE OF DISHONORED CHECK / REPLACEMENT PAYMENT REQUIRED

Policy Number: [Policy Number]
Invoice Number: [Invoice Number]
Check Number: [Check Number]
Check Amount: \$[Amount]

Dear [Insured Name/Contact Name],

This letter is to inform you that your recent check payment for the above-referenced commercial policy was returned by your financial institution marked "Insufficient Funds" or "Uncollected Funds."

As a result, your premium payment has not been applied to your account. To maintain your insurance coverage and prevent policy cancellation, we require a replacement payment immediately. Please note that a returned check fee of \$[Fee Amount] has been added to your balance.

Total Amount Due: \$[Total Amount]

Please provide payment by [Deadline Date] via one of the following methods:

- Certified Check or Money Order
- Credit Card (Call [Phone Number])
- Online Payment Portal at [URL]

Failure to receive these funds by the date specified may result in the issuance of a Formal Notice of Cancellation for non-payment of premium. Please contact our billing department at [Phone Number] if you have any questions or if you believe this is an error.

Sincerely,

[Name/Department]
[Company Name]