

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

**Subject: NOTICE OF NON-SUFFICIENT FUNDS (NSF) - Policy Number: [Policy Number]**

Dear [Policyholder Name],

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

As a result, your premium payment has not been applied to your account. To ensure your coverage remains active and to avoid potential cancellation, please provide a replacement payment immediately.

**Payment Details:**

- Original Transaction Date: [Date]
- Amount Owed: \$[Amount]
- NSF Administrative Fee: \$[Fee Amount]
- **Total Balance Due: \$[Total Amount]**

Please submit your payment via [credit card/certified check/online portal] by [Due Date]. Failure to resolve this balance may result in a formal notice of cancellation for non-payment of premium.

If you have already sent a replacement payment, please disregard this notice. If you believe this is an error, please contact your bank and our billing department at [Phone Number] as soon as possible.

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Phone Number]