Date: [Insert Date]

Subject: SECOND NOTICE: Overdue Premium for Policy #[Insert Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received payment for your auto insurance premium, which was due on [Due Date]. This is our second reminder regarding your outstanding balance of $[Amount Due].

Your insurance coverage is currently at risk of cancellation. To ensure your vehicle remains protected and to avoid a lapse in coverage, please submit your payment immediately.

Payment Options:

- **Online:** [Insert Website Link]
- **Phone:** Call us at [Insert Phone Number]
- **Mail:** Send a check to [Insert Mailing Address]

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties, please contact our billing department as soon as possible to discuss potential payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]
[Insurance Company Name]
[Contact Information]