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

[Date]

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

RE: URGENT NOTICE OF OVERDUE PREMIUM

Policy Number: [Policy Number]
Amount Past Due: $[Amount]
Payment Due Date: [Due Date]

Dear [Policyholder Name],

This is an urgent notification regarding your auto insurance policy. Our records indicate that we have not received the premium payment that was due on [Due Date].

Your insurance coverage is currently at risk of cancellation. To ensure that your vehicle remains covered and to avoid a lapse in insurance, please submit a payment of $[Amount] immediately. A lapse in coverage may result in legal penalties, higher future premiums, and lack of financial protection in the event of an accident.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please 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, please contact our billing department at [Phone Number] to discuss available payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]
[Your Company Name]