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

[Date]

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

Subject: IMPORTANT: Grace Period Notice for Policy #[Policy Number]

Dear [Policyholder Name],

This is a reminder that we have not yet received the premium payment for your auto insurance policy, which was due on [Due Date].

Your policy is currently within its **grace period**. To ensure that your coverage remains active and to avoid a lapse in insurance, please submit your payment of $[Amount Due] by [Grace Period Expiration Date].

Payment Options:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If payment is not received by [Grace Period Expiration Date], your policy will be cancelled effective [Cancellation Time/Date], and you will no longer be covered for any accidents or claims.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact us immediately to discuss potential payment arrangements.

Thank you for choosing [Your Company Name].

Sincerely,

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