[Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Business Name]
[Address Line 1]
[City, State, Zip Code]

RE: OVERDUE PREMIUM NOTICE

Policy Number: [Policy Number]
Policy Type: Commercial Auto Insurance
Amount Due: $[Amount]
Original Due Date: [Date]

Dear [Policyholder Name],

This is a reminder that we have not yet received the premium payment for your Commercial Auto Insurance policy listed above. Your payment was due on [Date] and is now past due.

To ensure that your commercial vehicles remain covered and to avoid any interruption in your insurance protection, please submit your payment immediately.

Payment Options:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Phone Number] as soon as possible.

Maintaining continuous coverage is vital for your business operations. We look forward to receiving your payment promptly.

Sincerely,

[Sender Name]
[Title]
[Insurance Agency/Company Name]