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

[Date]

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

**RE: Initial Premium Installment Notice**

Policy Type: Commercial General Liability
Policy Number: [Policy Number]
Effective Date: [Policy Start Date]

Dear [Policyholder Name],

Thank you for choosing [Company Name] for your Commercial General Liability insurance. This letter serves as your initial installment notice for the upcoming policy term.

**Payment Summary:**

- Total Annual Premium: $[Amount]
- **Current Installment Amount Due: $[Amount]**
- **Due Date: [Date]**

Please ensure that payment is received by the due date mentioned above to maintain continuous coverage. Failure to pay the initial installment may result in the cancellation of your policy.

**Payment Options:**

- Online: Visit [Website URL]
- By Phone: Call [Phone Number]
- By Mail: Send check or money order to the address listed at the top of this letter, payable to [Company Name]. Please include your policy number on the memo line.

If you have already sent your payment, please disregard this notice. If you have any questions regarding your premium or coverage, please contact your agent at [Agent Name/Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]