[Date]

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

RE: PAST DUE NOTICE - Commercial General Liability Policy

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

Dear [Insured Name],

Our records indicate that we have not yet received the premium installment for your Commercial General Liability policy, which was due on [Due Date].

To ensure that your business remains protected and to avoid any interruption in your coverage, please remit the balance of $[Amount] immediately. Failure to pay the outstanding balance may result in the formal cancellation of your insurance policy.

Payment Options:

- **Online:** Visit [Website URL]
- **By Phone:** Call [Phone Number]
- **By Mail:** Send a check to [Payment Address]

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

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]
[Company Name]
[Contact Information]