URGENT: OVERDUE PREMIUM NOTICE

Date: [Insert Date]

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

Subject: NOTICE OF OVERDUE PREMIUM - POLICY #[Insert Policy Number]

Dear [Insert Policyholder Name],

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

Payment Details:

- Policy Number: [Insert Policy Number]
- Installment Amount Due: $[Insert Amount]
- Original Due Date: [Insert Date]
- Total Balance Including Late Fees: $[Insert Total]

Your insurance coverage is at risk of cancellation if payment is not received immediately. To ensure your business remains protected and to avoid a lapse in coverage, please submit your payment by [Insert Final Deadline Date].

How to Pay:

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

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 immediately at [Insert Phone Number].

Failure to resolve this balance may result in the formal termination of your policy, which could leave your business liable for legal claims and damages.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Information]