Date: [Date]

Policyholder Name: [Policyholder Name]
Policy Number: [Policy Number]
Billing Account: [Account Number]

Subject: NOTICE OF INSUFFICIENT FUNDS - CGL PREMIUM INSTALLMENT

Dear [Policyholder Name],

We are writing to inform you that your recent payment for your Commercial General Liability (CGL) insurance premium installment in the amount of $[Amount] was returned by your financial institution due to **Insufficient Funds (NSF)**.

As a result, the payment has not been credited to your account, and a returned item fee of $[Fee Amount] has been applied to your balance.

Action Required:

To keep your coverage in force and avoid potential cancellation of your policy, please remit a total payment of **$[Total Amount Due]** no later than **[Due Date]**.

Payments can be made via the following methods:

- Online Portal: [Website URL]
- Phone: [Phone Number]
- Overnight Mail: [Mailing Address]

Please note that failure to replace these funds by the date indicated above may result in a formal Notice of Cancellation for non-payment of premium.

If you have already sent a replacement payment, please disregard this notice. If you have any questions, please contact our billing department at [Phone Number].

Sincerely,

[Name/Department]
[Insurance Agency/Company Name]