[Date]

[Insured Name]
[Company Name]
[Street Address]
[City, State, Zip Code]

Re: Extension of Grace Period for Premium Installment

Policy Number: [Policy Number]
Policy Type: Commercial General Liability

Dear [Insured Name],

This letter is to inform you that we have granted an extension to the grace period for your current premium installment originally due on [Original Due Date].

The new deadline for this payment is [New Extended Date].

Please note the following details regarding your account:

- Installment Amount Due: $[Amount]
- Extended Due Date: [New Extended Date]

To ensure your Commercial General Liability coverage remains active and to avoid any potential lapse in protection, please ensure that payment is received on or before the new extended date. You may submit your payment via [Payment Method/Online Portal].

If payment has already been sent, please disregard this notice.

If you have any questions regarding your billing or this extension, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

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