[Date]

[Insured Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: Final Balance Notice - Commercial General Liability Premium

Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]

Dear [Insured Name],

This letter serves as a formal notice regarding the final premium installment for your Commercial General Liability insurance policy. According to our records, there is an outstanding balance remaining on your account for the current policy term.

Payment Summary:

- Total Policy Premium: $[Amount]
- Total Payments Received: $[Amount]
- **Final Balance Due: $[Amount]**

Due Date: [Insert Date]

Please remit your payment by the due date mentioned above to ensure your coverage remains in good standing. You may pay via the following methods:

- Online: [Insert Website URL]
- By Phone: [Insert Phone Number]
- By Mail: [Insert Remittance Address]

If payment has already been sent, please disregard this notice. If you have any questions regarding this balance or your coverage, please contact your agent or our billing department at [Insert Phone Number].

Sincerely,

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