[Date]

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

RE: Policy Renewal Installment Notice

Policy Type: Commercial General Liability
Policy Number: [Policy Number]
Renewal Period: [Start Date] to [End Date]

Dear [Insured Name],

Thank you for choosing to renew your Commercial General Liability insurance with [Insurance Company Name].

This letter serves as a notice regarding your upcoming premium installment for the current renewal term. Please find the payment details below:

- **Installment Number:** [e.g., 1 of 4]
- **Amount Due:** $[Amount]
- **Due Date:** [Date]

Please ensure that payment is received by the due date to maintain continuous coverage and avoid any lapse in your policy. You may submit your payment via [Payment Method: Online Portal/Check/Phone].

If you have already sent your payment, please disregard this notice. For any questions regarding your policy or billing schedule, please contact your agent at [Agent Phone Number] or email [Agent Email].

Sincerely,

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