

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: ACTION REQUIRED: Payment Reminder for Umbrella Policy Renewal #[Policy Number]

Dear [Policyholder Name],

This is a reminder that the annual renewal premium for your Umbrella Liability Policy is due on **[Due Date]**. To ensure your additional liability protection remains active without interruption, please submit your payment by the date indicated.

Policy Details:

- Policy Number: [Policy Number]
- Renewal Period: [Start Date] to [End Date]
- Total Premium Due: \$[Amount]
- Payment Due Date: [Due Date]

How to Pay:

- **Online:** Visit [Website URL] and log in to your account.
- **Phone:** Call our automated payment line at [Phone Number].
- **Mail:** Send a check payable to [Company Name] using the enclosed envelope.

Failure to remit payment by the due date may result in a lapse in coverage, leaving you personally responsible for claims exceeding your primary insurance limits.

If you have already sent your payment, please disregard this notice.

If you have questions or wish to discuss your coverage limits, please contact us at [Contact Phone Number] or [Email Address].

Sincerely,

[Agent Name/Company Name]

[Department Name]