

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

RE: SECOND NOTICE - Renewal Premium Due

Policy Type: Umbrella Liability Insurance

Policy Number: [Policy Number]

Renewal Date: [Expiration Date]

Amount Due: \$[Amount]

Dear [Policyholder Name],

This is a second reminder that the renewal payment for your Umbrella Coverage policy has not yet been received. Your current coverage is scheduled to expire on [Expiration Date].

Your Umbrella policy provides an essential layer of extra liability protection above your standard policies. To ensure there is no gap in this extended coverage, please submit your payment by the renewal date mentioned above.

Payment Options:

- **Online:** Visit [Website URL] to pay via credit card or e-check.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check payable to [Company Name] using the enclosed envelope.

If you have already sent your payment, please disregard this notice. If you have questions regarding your coverage or wish to make changes to your policy, please contact your agent at [Agent Phone Number].

Sincerely,

[Your Name/Department]

[Company Name]