[Your Company Name]
[Billing Department]
[Address Line 1]
[City, State, Zip Code]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Seasonal Payment Reminder - Policy #[Policy Number]

Dear [Policyholder Name],

As the new riding season approaches, we are writing to remind you that the payment for your seasonal motorcycle insurance policy is due soon. To ensure your coverage remains active and you are protected on the road, please submit your payment by the date listed below.

Payment Details:

- **Policy Number:** [Policy Number]
- **Amount Due:** $[Amount]
- **Due Date:** [Date]

How to Pay:

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

Please note that failure to pay by the due date may result in a lapse in coverage. If you have already made this payment, please disregard this notice.

If you have any questions or need to update your policy details for the upcoming season, please contact our customer service team at [Phone Number].

Ride safe,

[Sender Name]
[Your Company Name]