[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Subject: Premium Due Notice - Seasonal Motorcycle Coverage

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]

Dear [Policyholder Name],

This is a reminder that the premium for your seasonal motorcycle insurance coverage is due soon. As the riding season approaches, please ensure your payment is received to maintain active coverage for your motorcycle.

Payment Details:

- **Amount Due:** $[Amount]
- **Due Date:** [Date]
- **Coverage Period:** [Start Date] to [End Date]

To avoid any lapse in coverage, please submit your payment using one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to the address listed on the enclosed invoice.

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

Ride safe,

[Your Name/Department]
[Company Name]