[Insurance Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Premium Invoice for Active Riding Season

Dear [Policyholder Name],

As the motorcycle riding season begins, we are contacting you regarding the premium due for your active coverage. To ensure your motorcycle remains fully protected while on the road, please review the invoice details below.

Policy Details:

- Policy Number: [Policy Number]
- Vehicle: [Year, Make, Model]
- Coverage Period: [Start Date] to [End Date]

Payment Information:

- Total Premium Due: $[Amount]
- Payment Due Date: [Date]

You can make your payment through the following methods:

1. Online via our portal at [Website URL]
2. By phone at [Phone Number]
3. By mailing a check using the enclosed envelope

Please ensure payment is received by the due date to avoid any lapse in coverage during the peak riding season. If you have already made this payment, please disregard this notice.

Ride safe,

[Sender Name/Department]
[Insurance Company Name]