

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: Notice of Delinquent Payment - Policy #[Policy Number]

Dear [Policyholder Name],

This letter is to inform you that we have not received the payment for your renters insurance policy, which was due on [Due Date]. As of today, your account shows an outstanding balance of \$[Amount Due].

Your coverage is currently at risk of cancellation. To ensure that your personal belongings and liability protection remain active, please submit your payment immediately.

Payment Options:

- **Online:** Visit [Website URL] and log into your account.
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to the address listed below.

If payment is not received by [Cancellation Date], your policy will be terminated effective [Time] on that date. A lapse in coverage may result in higher future premiums and leave you without protection in the event of a loss.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship and need to discuss a payment plan, please contact us as soon as possible.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Company Phone Number]