

**Date:** [Insert Date]

**Recipient Name:** [Insert Policyholder Name]

**Policy Number:** [Insert Policy Number]

**Address:** [Insert Property Address]

**Subject: URGENT: NOTICE OF OVERDUE INSTALLMENT PAYMENT**

Dear [Insert Policyholder Name],

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

Please be advised that your policy is now in a grace period. To ensure your coverage remains active and to avoid the cancellation of your policy, payment must be received no later than [Insert Final Deadline Date].

**Consequences of Non-Payment:**

- Loss of personal property protection.
- Loss of liability coverage.
- Potential breach of your lease agreement (if renters insurance is required by your landlord).

**How to Pay:**

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: Send a check to [Insert Mailing Address]

If you have already made this payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department immediately at [Insert Phone Number] to discuss available options.

Sincerely,

[Insert Name/Department]

[Insert Insurance Company Name]

[Insert Contact Information]