

[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: FIRST REMINDER: Premium Payment Due - Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your insurance policy referenced above.

Payment Details:

- **Policy Type:** [Policy Type]
- **Invoice Date:** [Original Invoice Date]
- **Amount Due:** \$[Amount Due]
- **Due Date:** [Due Date]

To ensure your coverage remains active and to avoid any potential lapse in protection, please submit your payment as soon as possible. If you have already sent your payment, please disregard this notice.

How to Pay:

- **By Mail:** Send a check payable to "[Agency Name]" to the address listed above.
- **By Phone:** Call us at [Phone Number] to pay via credit card or electronic check.
- **Online:** Visit [Website URL] to make a secure payment.

If you are experiencing any difficulties or have questions regarding your invoice, please contact our billing department immediately at [Phone Number] or via email at [Email Address].

Thank you for your prompt attention to this matter and for choosing [Agency Name].

Sincerely,

[Sender Name]
[Title]
[Agency Name]