

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

[Date]

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

RE: NOTICE OF GRACE PERIOD EXPIRATION

Policy Number: [Policy Number]
Policy Type: [Policy Type]
Total Amount Due: \$[Amount]

Dear [Policyholder Name],

This letter is to inform you that the grace period for your insurance policy premium payment has expired. Our records indicate that we have not yet received the payment of \$[Amount] which was due on [Original Due Date].

Your policy is now in danger of cancellation. To maintain your coverage and prevent a lapse in insurance, we must receive your payment immediately. Please be advised that if payment is not received by [Final Termination Date], your policy will be canceled effective [Cancellation Time/Date].

Please remit payment using one of the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the agency address listed above.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our office immediately at [Phone Number].

Sincerely,

[Agent Name/Billing Department]
[Agency Name]