

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

Subject: Notice of Outstanding Balance - Policy [Policy Number]

Dear [Policyholder Name],

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

To ensure that your insurance coverage remains active and to avoid any potential lapse in protection, please submit your payment as soon as possible. You can make a payment through one of the following methods:

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

If payment has already been sent, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Customer Service Phone Number] between [Hours of Operation].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[Insurance Company Name]