

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]

RE: Payment Reminder - Policy Renewal

Policy Number: [Policy Number]
Insurance Carrier: [Carrier Name]
Expiration Date: [Date]

Dear [Insured Name],

This is a reminder that your insurance policy is scheduled for renewal on [Date]. To ensure that your coverage remains active without interruption, your premium payment must be received by the due date.

Payment Details:

- **Amount Due:** \$[Amount]
- **Due Date:** [Date]

Please make your check payable to **[Agency Name]** and mail it to the address below, or visit our office to pay in person:

[Agency Name]
[Agency Address]
[City, State, Zip]

Failure to submit your payment by the due date may result in the cancellation of your policy and a lapse in coverage. If you have already sent your payment, please disregard this notice.

If you have any questions or would like to discuss your renewal options, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Agency Name] for your insurance needs.

Sincerely,

[Agent Name]
[Agency Name]