Date: [Insert Date]

Recipient Name: [Insert Insured Name]
Address: [Insert Street Address]
City, State, Zip: [Insert City, State, Zip]

Re: NOTICE OF DELINQUENCY

Account Number: [Insert Account Number]
Policy Number: [Insert Policy Number]
Past Due Amount: [Insert Amount]

Dear [Insert Name],

This letter serves as a formal warning that your premium finance account is currently past due. Our records indicate that we have not received the installment payment originally due on [Insert Due Date].

To keep your insurance coverage active and avoid further action, please remit the total past due amount of **[Insert Amount]** immediately. This total includes any applicable late fees.

Important Consequences:

- **Policy Cancellation:** If payment is not received by [Insert Deadline Date], we will issue a Notice of Cancellation to your insurance carrier.
- **Loss of Coverage:** Cancellation of your premium finance agreement may result in the immediate termination of your insurance protection.
- **Credit Impact:** Continued delinquency may be reported to credit bureaus.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or believe this notice is in error, please contact our billing department at [Insert Phone Number] immediately.

Payments can be made via [Insert Payment Methods, e.g., Online Portal, Phone, or Mail].

Sincerely,

[Insert Name/Department]
[Insert Company Name]
[Insert Contact Information]