[Date]

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

Subject: Partial Payment Received - Final Balance Due

Dear [Policyholder Name],

We are writing to acknowledge receipt of your partial payment for your homeowners insurance policy, number **[Policy Number]**.

We received your payment of **$[Amount Paid]** on **[Date Received]**. This amount has been applied to your account. However, a remaining balance is still due to keep your coverage active and in good standing.

Account Summary:

- Total Premium Amount: $[Total Amount]
- Total Payments Received: $[Total Paid to Date]
- **Remaining Balance Due: $[Balance Amount]**

Please submit the final balance of **$[Balance Amount]** by **[Due Date]**. Failure to pay the remaining balance by this date may result in a lapse in coverage or policy cancellation.

You can make your payment via the following methods:

- Online at: [Website URL]
- By phone at: [Phone Number]
- By mail using the enclosed envelope

If you have already sent the remaining payment, please disregard this notice. If you have any questions, please contact our billing department at [Contact Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]