[Date]

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

Re: Partial Payment Received - Outstanding Balance Reminder

Policy Type: [Policy Type, e.g., General Liability]
Policy Number: [Policy Number]
Account Number: [Account Number]

Dear [Policyholder Name],

Thank you for your recent payment of $[Amount Paid] received on [Date].

This letter is to notify you that a remaining balance of **$[Outstanding Amount]** is still due on your commercial insurance account. To ensure that your coverage remains active and to avoid any potential lapse or late fees, please remit the remaining balance by [Due Date].

Account Summary:

- Total Premium Amount: $[Total Amount]
- Total Payments Applied: $[Total Paid to Date]
- **Current Balance Due: $[Outstanding Amount]**

You can make your payment via the following methods:

- Online: [Link to Payment Portal]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed below.

If you have already sent the remaining payment, please disregard this notice. If you have any questions regarding your invoice or if you are experiencing difficulty making this payment, please contact our billing department at [Phone Number] or [Email Address].

Thank you for your business.

Sincerely,

[Your Name/Department]
[Insurance Company/Agency Name]
[Contact Phone Number]