URGENT: NOTICE OF ACCOUNT DELINQUENCY

Date: [Insert Date]

[Customer Name]
[Customer Address]
[City, State, Zip Code]

Re: Policy Number [Insert Policy Number]

Dear [Customer Name],

Our records indicate that your high-risk auto insurance account is currently past due. As of [Insert Date], your account reflects an outstanding balance of $[Insert Amount].

Because your policy is classified under a high-risk category, maintaining timely payments is critical to ensuring continuous coverage. Failure to bring your account current may result in the immediate cancellation of your policy, which could lead to a lapse in coverage and legal penalties in your state.

Payment Details:

- Past Due Amount: $[Insert Amount]
- Payment Due Date: [Insert Date]

Please submit your payment immediately through our online portal, by phone at [Insert Phone Number], or by mailing a check to the address listed below.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties, please contact our billing department immediately to discuss available options.

Sincerely,

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