[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Insurance Company or Broker Name]
[Contact Person Name]
[Address]
[City, State, Zip Code]

RE: Payment for Directors and Officers (D&O) Liability Insurance Renewal

Dear [Contact Person Name],

Please find enclosed the premium payment for the renewal of our Directors and Officers (D&O) Liability Insurance policy. Details of the renewal are as follows:

- **Policy Number:** [Enter Policy Number]
- **Insured Name:** [Enter Company Name]
- **Policy Period:** [Start Date] to [End Date]
- **Payment Amount:** $[Enter Amount]
- **Payment Method:** [Check / Wire Transfer / Credit Card]

We request that you process this payment immediately to ensure that there is no lapse in coverage. Please provide a formal receipt of payment and the updated policy documents for our records once processed.

If you have any questions or require additional information, please contact me directly at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Position]