[Date]

[Director/Officer Name]
[Company Name]
[Address Line 1]
[City, State, Zip Code]

RE: Notice of Annual Renewal Payment - Directors and Officers (D&O) Liability Insurance

Dear [Name],

This letter serves as a formal notification regarding the upcoming renewal of your Directors and Officers Liability Insurance policy, Policy Number: [Policy Number].

To ensure uninterrupted coverage for the upcoming term, please find the renewal premium details below:

- **Policy Period:** [Start Date] to [End Date]
- **Renewal Premium Amount:** [Currency/Amount]
- **Payment Due Date:** [Date]

Maintaining this coverage is essential to protect the personal assets of the company's directors and officers against potential claims arising from management decisions and actions.

Payment Options:

Payments can be made via [Bank Transfer/Check/Online Portal]. Please include your policy number with the transaction.

If there have been any material changes in the company's operations, legal structure, or claims history over the past year, please notify us immediately, as these may impact your coverage.

Should you have any questions regarding this renewal or the payment process, please contact [Department/Name] at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]