Date: [Insert Date]

To: [Insert Recipient Name]
[Insert Company Name]
[Insert Address]

Subject: Payment Request: Directors and Officers (D&O) Liability Insurance Renewal

Dear [Insert Name],

This letter serves as a formal request for the premium payment regarding the renewal of the Directors and Officers (D&O) Liability Insurance policy for the upcoming period of [Insert Start Date] to [Insert End Date].

To ensure continuous coverage and protect the board members and executive officers from potential liabilities, please remit payment based on the details below:

- **Policy Number:** [Insert Policy Number]
- **Insurance Carrier:** [Insert Carrier Name]
- **Total Premium Due:** [Insert Amount]
- **Payment Due Date:** [Insert Date]

Payment Instructions:

[Insert payment methods, e.g., Wire Transfer, Check, or Online Portal details]

Please provide a confirmation of payment or a copy of the remittance advice to [Insert Email Address] once the transaction is complete. Failure to remit payment by the due date may result in a lapse of coverage.

If you have any questions regarding the renewal terms or the invoice, please contact [Insert Contact Person Name] at [Insert Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Department]