[Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

RE: FIRST NOTICE OF OVERDUE PREMIUM

Policy Type: Inland Marine
Policy Number: [Policy Number]
Amount Overdue: $[Amount]
Due Date: [Original Due Date]

Dear [Insured Name],

Our records indicate that we have not yet received the premium payment for your Inland Marine insurance policy referenced above. Your payment was due on [Original Due Date].

To ensure that your equipment and property remain protected without a lapse in coverage, please submit your payment of $[Amount] by [New Due Date].

You may pay your bill via the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please send a check to the address listed below.

If you have already sent your payment, please disregard this notice. If you have any questions regarding your premium or coverage, please contact your agent or our billing department at [Phone Number].

Sincerely,

[Sender Name/Department]
[Company Name]
[Company Address]