URGENT: PAYMENT PAST DUE NOTICE

Date: [Insert Date]

To: [Policyholder Name]
Address: [Mailing Address]
City, State, Zip: [City, State, Zip]

RE: Inland Marine Policy Number: [Policy Number]
Past Due Amount: $[Amount]
Payment Due Date: [Due Date]

Dear [Policyholder Name],

Our records indicate that we have not received the installment payment for your Inland Marine insurance policy. To ensure that your equipment, cargo, or scheduled property remains protected, immediate payment is required.

Important: Failure to receive your payment by [Cancellation Date] may result in the cancellation of your coverage. A lapse in coverage could leave your business assets unprotected against theft, damage, or loss during transit or on-site.

Please submit your payment immediately through one of the following methods:

- **Online:** [Insert Website Link]
- **Phone:** [Insert Phone Number]
- **Mail:** Send a check to [Insert Remittance Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your billing, please contact our billing department at [Phone Number] as soon as possible.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Information]