[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: DELINQUENT PAYMENT WARNING - Policy Number: [Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the premium payment for your Inland Marine insurance policy. This coverage protects your mobile equipment, tools, and property while in transit or at job sites. As of today, your account is past due in the amount of $[Amount Due].

Please be advised that your payment was due on [Due Date]. Failure to remit payment immediately may result in the cancellation of your coverage. If your policy is cancelled, your equipment and transported goods will no longer be protected against loss, theft, or damage.

Payment Details:

- Amount Past Due: $[Amount]
- Late Fees (if applicable): $[Amount]
- **Total Amount Required to Maintain Coverage: $[Total Amount]**
- Deadline for Receipt: [Final Date]

Please submit your payment via [Online Portal Link], by phone at [Phone Number], or by mail to the address listed below. If you have already sent your payment, please disregard this notice.

If you are experiencing financial difficulties or have questions regarding this bill, please contact our billing department immediately at [Phone Number] to discuss possible payment arrangements.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Phone Number]
[Mailing Address for Payments]