[Current Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: SECOND NOTICE - Past Due Installment

Policy Number: [Policy Number]
Inland Marine Coverage: [Equipment/Property Description]
Amount Due: $[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

This is a second request regarding the installment payment for your Inland Marine insurance policy. Our records indicate that we have not yet received the payment that was due on [Original Due Date].

To ensure that your coverage remains active and that your scheduled equipment and property are protected against loss, please remit payment immediately. You can pay via [Online Portal Link], by phone at [Phone Number], or by mailing a check to the address listed below.

If payment has already been sent, please disregard this notice. If you are experiencing difficulties making this payment, please contact our billing department as soon as possible to discuss available options.

Failure to receive payment by [Final Deadline Date] may result in the cancellation of your policy.

Sincerely,

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