[Current Date]

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

RE: IMPORTANT NOTICE - OUTSTANDING BALANCE

Policy Number: [Insert Policy Number]
Equipment/Property Covered: [Insert Description]
Past Due Amount: $[Insert Amount]
Due Date: [Insert Date]

Dear [Policyholder Name],

Our records indicate that the premium payment for your Inland Marine insurance policy is currently past due. This policy provides vital coverage for your mobile equipment and property while in transit or at various job sites.

To ensure that your coverage remains active and uninterrupted, please remit the past due amount of $[Insert Amount] by [Insert Deadline Date].

Payment Options:

- Pay Online: [Insert Website URL]
- Pay by Phone: [Insert Phone Number]
- Pay by Mail: Please send a check to the address listed on your enclosed invoice.

If payment is not received by the deadline stated above, we will be forced to begin the cancellation process for your policy. A lapse in coverage may leave your high-value equipment unprotected against theft, damage, or loss.

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

Sincerely,

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