[Your Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: PAST DUE NOTICE - Inland Marine Equipment Floater

Policy Number: [Policy Number]
Past Due Amount: $[Amount]
Due Date: [Original Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the premium payment for your Inland Marine Equipment Floater policy. Your coverage for your scheduled equipment is currently at risk of cancellation due to non-payment.

To ensure that your equipment remains protected against physical loss or damage while in transit or at job sites, please remit payment of $[Amount] immediately.

Important: If payment is not received by [Termination Date], your policy will be cancelled effective [Cancellation Time] on that date. A lapse in coverage may leave your business equipment uninsured and may result in higher premiums to reinstate or secure new coverage.

If you have already sent your payment, please disregard this notice. If you wish to pay by phone or have questions regarding your account, please contact us at [Phone Number].

Sincerely,

[Name/Department]
[Your Company Name]