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

[Date]

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

RE: UNPAID INSTALLMENT WARNING

Policy Number: [Policy Number]
Policy Type: Commercial Inland Marine
Amount Past Due: $[Amount]

Dear [Insured Name],

Our records indicate that we have not received the installment payment for your Commercial Inland Marine insurance policy which was due on [Due Date].

To ensure your coverage remains active and to avoid the initiation of a formal cancellation process, please remit the past due amount of $[Amount] immediately. Payment must be received by [Deadline Date].

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment or have questions regarding your bill, please contact our billing department at [Phone Number] or your insurance agent, [Agent Name], at [Agent Phone].

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Department]
[Company Name]