DATE: [Insert Date]

TO:
[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: NOTICE OF PREMIUM DEFAULT AND PENDING CANCELLATION

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

Dear [Insured Name],

Our records indicate that we have not received the premium payment due on [Insert Due Date] for the above-referenced Inland Marine insurance policy.

As a result of this non-payment, your policy is currently in default. Please be advised that if the full payment of $[Insert Amount] is not received by [Insert Cancellation Date], your coverage will be cancelled effective [Insert Time] on that date.

Inland Marine coverage protects your mobile equipment, tools, or property in transit. A lapse in coverage may leave these high-value assets unprotected. To prevent the cancellation of your policy, please submit your payment immediately through one of the following methods:

- **Online:** [Insert Web Link]
- **By Phone:** [Insert Phone Number]
- **By Mail:** [Insert Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you have any questions regarding your account or believe this notice was sent in error, please contact our billing department at [Insert Contact Number].

Sincerely,

[Your Name/Department]
[Company Name]