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

[Date]

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

Subject: FIRST REMINDER: Payment Overdue for Professional Liability Policy #[Policy Number]

Dear [Policyholder Name],

This is a friendly reminder that we have not yet received payment for your Professional Liability Insurance premium, which was due on [Due Date].

Our records indicate an outstanding balance of $[Amount Due].

Your professional liability coverage is essential to protecting your practice. To ensure your coverage remains active and to avoid any potential lapse or cancellation, please submit your payment as soon as possible.

How to Pay:

- **Online:** Visit [Website URL] and log into your account.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you are experiencing difficulties making this payment, please contact us immediately to discuss available options.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]
[Your Title]