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

[Date]

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

Subject: SECOND REMINDER: Overdue Payment for Professional Liability Insurance

Dear [Client Name],

This is a second formal reminder regarding your outstanding balance for your Professional Liability Insurance policy, which is now significantly past due.

Our records indicate that we have not yet received payment for the following invoice:

- **Invoice Number:** [Invoice #]
- **Invoice Date:** [Date]
- **Due Date:** [Original Due Date]
- **Amount Due:** [Amount]

Please be advised that maintaining continuous Professional Liability coverage is essential for your protection. Failure to settle this balance immediately may result in a lapse in coverage or the cancellation of your policy, leaving you vulnerable to potential claims.

Please remit payment within [Number] business days via [Payment Method: Credit Card/Bank Transfer/Check].

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

Thank you for your prompt attention to this urgent matter.

Sincerely,

[Your Name/Department Name]
[Your Title]