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

[Date]

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

**RE: OVERDUE PAYMENT NOTICE - Policy Number: [Policy Number]**

Dear [Policyholder Name],

This letter serves as a reminder that the premium payment for your Professional Liability Insurance policy is currently overdue. According to our records, we have not yet received the payment that was due on [Original Due Date].

**Account Summary:**

- **Policy Type:** Professional Liability
- **Invoice Number:** [Invoice Number]
- **Past Due Amount:** $[Amount]
- **Late Fees (if applicable):** $[Amount]
- **Total Balance Due:** $[Total Amount]

To ensure that your professional coverage remains active and to avoid any potential lapse in protection, please submit your payment immediately. A lapse in coverage could leave you and your business vulnerable to claims filed during the uninsured period.

You may remit payment via the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please send a check payable to [Your Company Name] 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 financial difficulties or have questions regarding your invoice, please contact our billing department at [Phone Number] as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]
[Title]
[Your Company Name]