[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Overdue Payment and Policy Reinstatement Requirement

Policy Number: [Policy Number]
Policy Type: Professional Liability Insurance
Expiration Date: [Expiration Date]

Dear [Insured Name],

Our records indicate that we have not yet received the premium payment required to maintain your Professional Liability insurance coverage. As a result, your policy is currently in danger of lapsing or has been moved to a "pending cancellation" status due to non-payment.

To avoid a gap in your professional protection and to ensure your policy remains active, please submit the outstanding balance immediately. Continuous coverage is essential to protect you against potential claims arising from your professional services.

Payment Details:

- Outstanding Balance: $[Amount Due]
- Due Date for Reinstatement: [Date]

Please note that if payment is not received by the reinstatement deadline mentioned above, your coverage will officially terminate, and you may be required to submit a new application, which could be subject to updated underwriting guidelines and higher premiums.

How to Pay:

[Insert Payment Methods: e.g., Online Portal Link, Phone Number, or Mailing Address]

If you have already sent your payment, please disregard this notice. If you have questions regarding your account or believe there is an error, please contact our billing department at [Phone Number] or [Email Address].

Sincerely,

[Sender Name]
[Title]
[Company Name]