[Date]

[Policyholder Name / Company Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Renewal Premium Notice - Key Person Insurance Policy #[Policy Number]

Dear [Contact Name],

This letter serves as a formal notice that the Key Person Insurance policy for **[Insured Person's Name]** is due for renewal on **[Renewal Date]**.

To ensure uninterrupted coverage and financial protection for your business, please review the renewal details below:

- **Policy Number:** [Policy Number]
- **Insured Individual:** [Insured Person's Name]
- **Renewal Date:** [Date]
- **Renewal Premium Amount:** [Amount]
- **Payment Due Date:** [Date]

Please remit your payment by the due date mentioned above to maintain the policy in force. You may make your payment via [Payment Method: e.g., online portal, check, or bank transfer].

If there have been any significant changes in the roles or responsibilities of the insured individual, or if you wish to review your current coverage limits, please contact your account manager at [Phone Number] or [Email Address].

Thank you for your continued business.

Sincerely,

[Your Name/Department]
[Insurance Company Name]
[Contact Information]