

Premium Payment Grace Period Solicitation

Date: [Insert Date]

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

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

Dear [Recipient Name],

We hope this message finds you well. We are reaching out to remind you of your upcoming premium payment due for your policy [Policy Number] on [Due Date]. We understand that unforeseen circumstances can arise, and we want to ensure that you are aware of the options available to you.

We are pleased to offer a grace period for your premium payment. You have until [Grace Period End Date] to make your payment without incurring any penalties. We encourage you to take advantage of this time to ensure uninterrupted coverage for your policy.

If you have any questions or wish to discuss your options further, please do not hesitate to contact us at [Phone Number] or [Email Address]. Our team is here to assist you.

Thank you for your attention to this matter and for being a valued policyholder. We appreciate your trust in us.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]