

Payment Demand for Overdue Insurance Premium

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Person],

I am writing to formally request payment for the overdue insurance premium for policy number [Policy Number]. As of [Due Date], this payment remains outstanding.

According to our records, the total amount due is [Amount Due]. Despite previous reminders, this payment has not yet been received. Please be advised that failure to remit this payment promptly may result in the suspension of coverage for the policy listed above.

Please arrange for the payment to be made by [Final Payment Date] to avoid any disruptions in service.

If you have already sent the payment, please disregard this letter. Otherwise, please contact me at [Your Phone Number] or [Your Email] if you have any questions or require further information.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]