

# Warning Regarding Unpaid Insurance Premium

Date: [Insert Date]

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you that your insurance premium payment for policy number [Policy Number] is currently unpaid. As of [Due Date], we have not received the payment of [Amount Due].

Please be advised that failure to rectify this situation may result in a lapse of coverage and potential cancellation of your policy. To avoid any complications, we urge you to make the payment by [Final Payment Due Date].

You may process the payment through our online portal, or contact us directly at [Phone Number] for assistance.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]