

# Insurance Premium Payment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to formally request payment for my insurance premium due for the policy number [Insert Policy Number]. According to my records, the payment was due on [Insert Due Date] and I would like to ensure that my policy remains active.

Please provide me with the necessary information regarding the outstanding amount and the payment procedure at your earliest convenience. Should there be any issues or discrepancies, do not hesitate to contact me.

Thank you for your prompt attention to this matter. I look forward to your swift response.

Sincerely,

[Your Name]