URGENT: NOTICE OF OVERDUE PREMIUM AND PENDING CANCELLATION

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Amount Past Due: $[Insert Amount]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment for the insurance policy listed above. Your payment was due on [Insert Original Due Date].

Your insurance coverage is at risk of cancellation.

If we do not receive a payment of $[Insert Amount] by [Insert Termination Date], your policy will be canceled effective [Insert Time] on that date. A lapse in coverage may leave you financially responsible for any claims or losses incurred during that period and may result in higher premiums in the future.

To keep your policy active, please take one of the following actions immediately:

- Pay online at: [Insert Website URL]
- Pay by phone: [Insert Phone Number]
- Mail a check to: [Insert Payment Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your account, please contact our billing department at [Insert Phone Number] immediately.

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]