FINAL NOTICE: PENDING POLICY CANCELLATION

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Insured Item: [Insert Description]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the required premium payment for your insurance policy. This is a formal notice that your policy is scheduled to be cancelled for non-payment.

CANCELLATION DETAILS:

- **Cancellation Effective Date:** [Insert Date]
- **Cancellation Effective Time:** [Insert Time, e.g., 12:01 AM]
- **Total Amount Due to Prevent Cancellation:** $[Insert Amount]

To keep your coverage active and prevent a lapse in insurance, we must receive the "Total Amount Due" no later than the Cancellation Effective Date listed above. If payment is not received, your coverage will terminate, and any claims occurring after the cancellation date will not be covered.

HOW TO PAY:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address for Payments]

If you have already sent your payment, please disregard this notice. If you have questions regarding your account or believe this notice was sent in error, please contact our Customer Service department immediately at [Insert Phone Number].

Sincerely,

[Insert Name/Department]
[Insert Company Name]