

[Date]

[Insured Name]

[Mailing Address]

[City, State, Zip Code]

RE: NOTICE OF TERMINATION FOR NON-PAYMENT OF PREMIUM

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Total Amount Overdue: \$[Amount]

Dear [Insured Name],

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

IMPORTANT NOTICE: Please be advised that your insurance coverage will be cancelled effective [**Cancellation Date**] at 12:01 AM if the total overdue amount is not received by our office prior to that date.

If your policy is cancelled, you will no longer have insurance protection. A lapse in coverage may result in higher future premiums and potential legal liabilities.

To prevent the cancellation of your policy, please make a payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

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 at [Customer Service Phone Number].

Sincerely,

[Sender Name/Department]

[Company Name]