

## **URGENT: IMPENDING POLICY CANCELLATION NOTICE**

Date: [Insert Date]

Policy Number: [Insert Policy Number]

Subject: Notice of Intent to Cancel

Dear [Recipient Name],

This is an official notice regarding your insurance policy. Our records indicate that your policy is scheduled for cancellation effective **[Insert Cancellation Date]** due to **[Insert Reason, e.g., Non-payment of Premium/Failure to Provide Documents]**.

To prevent the termination of your coverage, you must take action by **[Insert Deadline Date]**. If the required action is not completed by this time, your coverage will lapse, and any claims filed after this date will not be honored.

### **Required Action:**

- [Insert Action 1: e.g., Submit payment of \$XX.XX]
- [Insert Action 2: e.g., Provide signed copy of Renewal Form]

You can complete these requirements by visiting our website at [Insert URL], calling our billing department at [Insert Phone Number], or mailing the necessary items to the address listed below.

If you have already sent your payment or completed the requested action, please disregard this notice.

Sincerely,

[Your Name/Company Name]

[Department Name]

[Contact Phone Number]

[Email Address]