

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

Subject: FINAL NOTICE - Notice of Pending Policy Cancellation

Policy Number: [Policy Number]

Amount Overdue: [Amount Due]

Payment Due Date: [Final Deadline Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the payment for your insurance policy premium. Your policy is currently in its final grace period.

Please be advised that this is your **final warning**. If the full payment of [Amount Due] is not received by [Final Deadline Date], your coverage will be officially canceled effective [Cancellation Time/Date].

Impact of Cancellation:

- You will no longer have insurance protection.
- Any claims filed after the cancellation date will be denied.
- A lapse in coverage may result in higher future premiums.

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

- Online: [Website Link]
- Phone: [Phone Number]
- Mail: [Mailing Address]

If you have already sent your payment, please disregard this notice.

Sincerely,

[Company Name]

[Billing Department]

[Contact Information]