

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: NOTICE OF IMPENDING POLICY CANCELLATION

Policy Number: [Policy Number]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy is scheduled for cancellation on [Cancellation Date] because we have not received the required documentation requested on [Date of Original Request].

To keep your coverage active and avoid cancellation, we must receive the following documents no later than [Deadline Date]:

- [Document Name 1]
- [Document Name 2]
- [Document Name 3]

If these items are not received by the deadline, your coverage will terminate at 12:01 AM on [Cancellation Date]. Any claims filed after this period will not be covered.

You can submit the missing information via:

- Email: [Email Address]
- Fax: [Fax Number]
- Online Portal: [Website URL]

If you have already sent these documents, please contact us immediately at [Phone Number] so we can update your file and stop the cancellation process.

Sincerely,

[Your Name/Department]

[Company Name]