

## URGENT: NOTICE OF IMPENDING POLICY CANCELLATION

Date: [Date]

Policy Number: [Policy Number]

Vehicle(s): [Year, Make, Model]

Dear [Policyholder Name],

This letter serves as official notification that your automobile insurance policy is scheduled to be cancelled effective **[Cancellation Date]** at 12:01 A.M. standard time.

**Reason for Cancellation:** [e.g., Non-payment of premium / Failure to provide requested documentation / Underwriting reasons]

To prevent this cancellation and maintain continuous coverage, we must receive the following by [Deadline Date/Time]:

- [Action required, e.g., Payment of \$0.00]
- [Action required, e.g., Signed documents]

If the requirements listed above are not met by the deadline, your insurance coverage will terminate. Please be aware that operating a motor vehicle without insurance is illegal in most states and may lead to fines, license suspension, or financial liability in the event of an accident.

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

To make a payment or discuss this notice, please contact our customer service department immediately at [Phone Number] or visit our website at [Website URL].

Sincerely,

[Agent/Department Name]

[Insurance Company Name]