

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF IMPENDING POLICY CANCELLATION

Policy Number: [Policy Number]

Effective Date of Cancellation: [Date of Cancellation]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy is scheduled to be cancelled on [Date of Cancellation] due to unresolved underwriting requirements.

Despite our previous requests, we have not yet received the following information/documentation needed to complete the evaluation of your risk:

- [Requirement 1: e.g., Completed Medical Examination]
- [Requirement 2: e.g., Proof of Property Repairs]
- [Requirement 3: e.g., Signed Supplemental Application]

To prevent the cancellation of your coverage, we must receive the items listed above no later than [Deadline Date].

If these requirements are met and approved before the deadline, we will issue a rescission notice and your coverage will continue without interruption. If the requirements are not met, your coverage will terminate at 12:01 AM on the effective date of cancellation mentioned above.

Please contact your agent, [Agent Name], at [Agent Phone Number] immediately to provide the missing information or if you have any questions regarding this notice.

Sincerely,

[Underwriter Name/Department]

[Insurance Company Name]