

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

Subject: NOTICE OF IMPENDING POLICY CANCELLATION

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Past Due Amount: \$[Amount]

Dear [Policyholder Name],

This letter is to inform you that we have not received the payment due for your insurance policy. Our records indicate that your account is now past due.

Please be advised that your policy is scheduled for cancellation effective [**Cancellation Date**] at 12:01 AM if the total past due amount is not received by that time.

To prevent the termination of your coverage and a lapse in insurance, please submit your payment immediately through one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If payment has already been sent, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Customer Service Number] to discuss available options.

Failure to pay the outstanding balance will result in the loss of your insurance protection on the date specified above.

Sincerely,

[Company Name]

[Billing Department/Representative Name]