

## **FINAL NOTICE: IMPENDING POLICY CANCELLATION**

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Property/Subject Insured: [Insert Details]

Amount Overdue: [Insert Amount]

Dear [Insert Policyholder Name],

This is an official notice to inform you that your insurance policy is scheduled for cancellation due to non-payment of premiums. Despite previous notifications, we have not received the required payment to keep your coverage active.

**Cancellation Date: [Insert Date] at [Insert Time]**

To prevent the cancellation of your policy and avoid a lapse in coverage, we must receive a payment of [Insert Amount] no later than the date listed above.

Please note the following consequences of a policy lapse:

- You will no longer be protected against financial loss or liability.
- Your mortgage lender or lienholder (if applicable) will be notified of the cancellation.
- Reinstating your policy after this date may result in higher premiums or a requirement for a new application.

You can make a payment immediately via the following methods:

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

If payment has already been sent, please contact us immediately to ensure your account is updated and your coverage remains in effect.

Sincerely,

[Insert Name/Department]

[Insert Company Name]

[Insert Contact Information]