[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

RE: NOTICE OF NON-RENEWAL DUE TO PREMIUM PAYMENT DEFAULT

Policy Number: [Policy Number]
Expiration Date: [Expiration Date]

Dear [Policyholder Name],

This letter is to formally notify you that your insurance policy listed above will not be renewed at its upcoming expiration date of [Expiration Date].

This decision was made because we have not received the required premium payments for your current term. As a result of this payment default, your coverage will terminate at 12:01 AM on [Expiration Date].

Please be advised of the following:

- Your insurance coverage will cease on the expiration date mentioned above.
- Any claims occurring after this date will not be covered by this policy.
- To avoid a lapse in coverage, you should obtain insurance through another provider immediately.

If you have already sent your payment, please contact our billing department at [Phone Number] to verify your account status. If you believe this notice was sent in error, please provide proof of payment within [Number] days.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name/Department]
[Company Name]
[Contact Phone Number]