DATE: [Current Date]

TO:
[Insured Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Cancellation Effective Date: [Date of Cancellation] at 12:01 A.M.

Dear [Insured Name],

This is an official notice that your insurance policy listed above is scheduled to be cancelled on **[Date of Cancellation]**. This action is being taken due to non-payment of the premium amount due.

Past Due Amount: $[Amount]
Due Date: [Original Due Date]

To prevent the cancellation of your coverage and maintain continuous protection, we must receive the full payment of **$[Amount]** no later than **[Payment Deadline Date]**.

If payment is not received by the deadline, your coverage will terminate on the effective date shown above. Any claims occurring after the cancellation date will not be covered under this policy.

If you have already sent your payment, please disregard this notice. If you have questions or wish to make a payment by phone, please contact our billing department at [Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]
[Contact Information]