NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Insured Name: [Insert Insured Name]
Property/Vehicle Covered: [Insert Vehicle Description/VIN]

Dear [Insert Policyholder Name],

This is an official notice that your automobile insurance policy listed above is scheduled to be cancelled effective **[Insert Cancellation Date]** at 12:01 A.M. local time.

Our records indicate that we have not received the premium payment due on [Insert Original Due Date]. As a result, your insurance coverage will terminate on the date specified above unless the total past due amount is received by our office before that time.

Payment Information:
Past Due Amount: $[Insert Amount]
Minimum Payment to Avoid Cancellation: $[Insert Amount]
Payment Due Date: [Insert Final Deadline Date]

If payment is not received, your coverage will lapse. Operating a motor vehicle without valid insurance is a violation of state law and may result in the suspension of your driver's license or vehicle registration. Furthermore, a lapse in coverage may lead to higher insurance rates in the future.

If you have already sent your payment, please disregard this notice. If you believe this notice was sent in error, please contact your agent or our customer service department immediately at [Insert Phone Number].

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]
[Insert Contact Address]