NOTICE OF CANCELLATION

Date: [Date of Mailing]
Policy Number: [Policy Number]
Property Address: [Insured Property Address]

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

Dear [Insured Name],

This letter serves as formal notice that your homeowners insurance policy is being cancelled for non-payment of premium.

Cancellation Date: [Cancellation Effective Date]
Cancellation Time: 12:01 AM Standard Time

All coverage under this policy will cease on the date and time listed above unless the total past due amount is received by our office prior to the cancellation date.

Amount Due to Reinstatate: $[Amount]
Due Date: [Due Date]

If payment has already been sent, please contact our billing department immediately at [Phone Number] to ensure your coverage remains active. If your policy is cancelled, any claims occurring after the cancellation date will not be covered.

If you have a mortgage on your property, a copy of this notice has also been sent to your lienholder: [Mortgage Company Name].

Sincerely,

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