NOTICE OF CANCELLATION

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Type of Insurance: Commercial General Liability

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

IMPORTANT NOTICE: YOUR INSURANCE COVERAGE IS BEING TERMINATED

Dear [Insured Name],

Please take notice that the insurance policy listed above is hereby cancelled effective at 12:01 A.M. on [Insert Cancellation Effective Date].

This action is being taken due to non-payment of the premium. The total amount currently past due is $[Insert Amount].

To prevent this cancellation from taking effect, we must receive the full payment amount indicated above on or before the effective date of cancellation. If payment is not received by that time, all coverage under this policy will cease, and no further claims will be honored for incidents occurring after the cancellation date.

If you have recently sent your payment, please contact your agent immediately to confirm receipt and ensure your coverage remains active.

Sincerely,

[Name of Insurance Company/Agent]
[Contact Phone Number]
[Address]

cc: [Mortgagee/Additional Insured/Lienholder Name, if applicable]