**DATE:** [Current Date]

**TO:**
[Policyholder Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

**RE: NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM**

**Policy Type:** Business Owner's Policy (BOP)
**Policy Number:** [Policy Number]
**Property/Business Location:** [Insured Location Address]

Dear [Policyholder Name],

This is a formal notice that your insurance coverage under the policy number listed above is scheduled to be cancelled effective at 12:01 A.M. on **[Cancellation Date]**. This action is being taken because we have not received the required premium payment for your account.

**Current Amount Due:** $[Amount Due]
**Due Date:** [Payment Due Date]

To prevent the cancellation of your coverage and ensure there is no lapse in your business protection, we must receive the full payment amount listed above by [Time] on [Cancellation Date].

If payment is not received by the deadline stated above, your policy will terminate, and all coverage for your business property and liability will cease. Please be advised that any claims occurring after the cancellation date and time will not be covered.

If you have already mailed your payment, please contact our office immediately at [Phone Number] or email [Email Address] to provide the payment details and confirm the status of your policy.

Sincerely,

[Your Name/Company Representative Name]
[Insurance Company/Agency Name]
[Phone Number]