[Current Date]

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

RE: NOTICE OF CANCELLATION FOR NON-PAYMENT

Policy Number: [Policy Number]
Expiration of Grace Period: [Date]

Dear [Policyholder Name],

This letter serves as official notification that your insurance coverage has been cancelled effective [Cancellation Date/Time] due to non-payment of premium.

Our records indicate that the grace period for your overdue balance expired on [Date] without receipt of the required payment. Consequently, your policy is no longer active, and you no longer have insurance coverage under this account.

Account Summary:

- Past Due Amount: $[Amount]
- Cancellation Effective Date: [Date]

If you wish to request a reinstatement of your coverage, please contact our billing department immediately at [Phone Number]. Please note that reinstatement is subject to company approval and may require a lapse in coverage or additional fees.

If you have already sent your payment, please disregard this notice or contact us to confirm receipt.

Sincerely,

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