[Date]

[Third-Party Designee Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF PENDING CANCELLATION FOR NON-PAYMENT

Policy Number: [Policy Number]
Policyholder Name: [Insured Name]
Property/Risk Address: [Address of Coverage]

Dear [Third-Party Designee Name],

You are receiving this letter because you have been designated as a third-party contact to receive notifications regarding the insurance policy listed above.

This is a formal notice that the premium payment for this policy has not been received. As a result, the policy is scheduled to be cancelled effective **[Cancellation Date]** at 12:01 AM.

To prevent the cancellation of this coverage, a payment of **$[Amount Due]** must be received by **[Due Date/Time]**.

If payment has already been sent, please disregard this notice. If you wish to make a payment on behalf of the policyholder or have questions regarding this status, please contact our billing department at [Phone Number] or visit our website at [Website URL].

Sincerely,

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