Date: [Current Date]

Policyholder Name: [Policyholder Full Name]
Address: [Street Address, City, State, Zip Code]
Policy Number: [Policy Number]
Vehicle: [Year, Make, Model of Motorcycle]

NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Dear [Policyholder Name],

This is a formal notice that your motorcycle insurance policy listed above is scheduled for cancellation due to non-payment of the premium amount due.

Cancellation Effective Date: [Date of Cancellation] at 12:01 AM

Our records indicate that we have not received your payment of **$[Amount Due]**, which was due on **[Original Due Date]**.

To prevent the cancellation of your coverage and maintain your protection, we must receive your payment in full before the effective date mentioned above. If payment is not received by this date, your insurance coverage will terminate, and you will no longer be insured against any loss, accident, or liability occurring after that time.

How to Stop This Cancellation:

- Pay online at: [Website URL]
- Pay by phone: [Phone Number]
- Mail your payment to: [Payment Mailing Address]

Please note that operating a motorcycle without valid insurance is a violation of state law and may result in the suspension of your driver's license or vehicle registration. If your policy is cancelled, we are required by law to notify the Department of Motor Vehicles (DMV).

If you have already sent your payment, please disregard this notice.

Sincerely,

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