[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: NOTICE OF CANCELLATION OF INSURANCE POLICY

Dear [Policyholder Name],

Please be advised that your insurance policy, number **[Policy Number]**, is being cancelled effective **[Cancellation Date]** at 12:01 AM due to non-payment of the premium.

On [Date of Invoice/Notice], we sent you a notice regarding an outstanding balance of $[Amount Due]. To date, we have not received the required payment. Consequently, all coverage under this policy will cease on the effective date mentioned above.

If your payment is received and processed before [Cancellation Date], your policy will remain active without a lapse in coverage. You can make a payment via [Payment Method/Website] or by calling [Phone Number].

If you have already sent your payment, please disregard this notice. If the policy is cancelled, any claims occurring after the cancellation date will not be covered.

Sincerely,

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