

**[Date]**

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

**RE: FINAL NOTICE OF PENDING CANCELLATION**

**Policy Number:** [Policy Number]

**Vehicle:** [Year, Make, Model]

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

Dear [Policyholder Name],

This is a formal notification that your automobile insurance policy is scheduled for cancellation on **[Cancellation Date]** due to **[Reason, e.g., non-payment of premium / failure to provide required documentation]**.

As of today, our records indicate an outstanding balance of **[\$Amount Due]**. To prevent the termination of your coverage, we must receive your payment in full or the required documentation no later than [Time] on [Date].

**Consequences of Cancellation:**

- You will no longer have legal insurance coverage for your vehicle.
- A lapse in coverage may result in higher future premiums.
- Driving without insurance is a violation of state law and may lead to fines or license suspension.
- If you have a lienholder or lessor, they will be notified of this cancellation.

To keep your policy active, please take immediate action by:

- Paying online at: [Website URL]
- Paying by phone at: [Phone Number]
- Visiting a local agent office at: [Address]

If payment has already been sent, please contact us immediately to confirm receipt. If your policy is cancelled, you may be required to apply for a new policy, which could be subject to different terms and rates.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Phone Number]