

FINAL NOTICE OF CANCELLATION

Date: [Date]

Recipient Name: [Policyholder Name]

Address: [Mailing Address]

City, State, Zip: [City, State, Zip]

Policy Number: [Policy Number]

Property Address: [Insured Property Address]

Cancellation Date: [Date of Cancellation] at 12:01 A.M. Standard Time

Dear [Policyholder Name],

This is a formal notification that your homeowners insurance policy listed above will be canceled effective [Date of Cancellation] due to [Reason for Cancellation, e.g., Non-payment of premium / Failure to complete required repairs].

As of the cancellation date, all insurance coverage for the property located at [Insured Property Address] will cease. Any claims occurring after this date will not be covered by this policy.

To Avoid Cancellation:

To keep your coverage active and prevent this cancellation, we must receive [Action Required, e.g., the total past due amount of \$0.00 / proof of completed repairs] no later than [Deadline Date].

If you have a mortgage on this property, your mortgage lender will be notified of this cancellation. Most mortgage agreements require you to maintain continuous insurance coverage. Failure to do so may result in your lender purchasing "force-placed" insurance at a significantly higher cost to you.

If you have already sent your payment or completed the required actions, please disregard this notice or contact our office immediately to confirm receipt.

Sincerely,

[Agent/Representative Name]

[Insurance Company Name]

[Phone Number]

[Email Address]