

FINAL NOTICE BEFORE CANCELLATION

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Outstanding Balance: [Insert Amount]

Dear [Insert Name],

Our records show that your insurance premium remains unpaid despite previous reminders. This is a formal final warning regarding your outstanding balance.

Please be advised that if we do not receive payment by **[Insert Deadline Date]**, your policy will be cancelled effective **[Insert Cancellation Date]** at 12:01 AM.

Consequences of Cancellation:

- You will no longer have insurance coverage for any claims occurring after the cancellation date.
- A lapse in coverage may lead to higher premiums with other providers in the future.
- For auto insurance, we are legally required to notify the Department of Motor Vehicles of this termination.

To keep your coverage active, please pay the total outstanding amount immediately via one of the following methods:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: [Insert Address for Checks]

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

Sincerely,

[Insert Name/Department]

[Insert Company Name]

[Insert Contact Information]