

FINAL NOTICE: NOTICE OF INTENTION TO CANCEL POLICY

Date: [Insert Date]

To: [Policyholder Name]

Address: [Insert Address]

Policy Number: [Insert Policy Number]

Dear [Recipient Name],

Subject: Final Warning Regarding Cancellation of Professional Indemnity Insurance

We are writing to formally notify you that your Professional Indemnity insurance policy is at risk of immediate cancellation. This is a final warning following our previous communications dated [Insert Date(s) of Previous Notices].

Our records indicate that the following requirement remains outstanding:

[Insert Reason, e.g., Unpaid premium of \$XXX.XX / Failure to provide requested risk documentation].

Action Required

To prevent the cancellation of your coverage, you must [Insert Action Required, e.g., settle the outstanding balance in full] by no later than [Insert Deadline Date/Time].

Consequences of Cancellation

If the above requirement is not met by the specified deadline:

- Your policy will be cancelled effective [Insert Cancellation Date].
- You will no longer have Professional Indemnity protection for claims made against you.
- A gap in coverage may affect your ability to secure insurance in the future and may lead to higher premiums.
- You may be in breach of your professional regulatory requirements or contractual obligations.

Please contact our accounts department immediately at [Insert Phone Number] or [Insert Email Address] to confirm payment or to discuss this matter.

If you have already made the payment or submitted the required documents within the last 24 hours, please disregard this notice.

Yours sincerely,

[Your Name/Department]

[Company Name]