[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Effective Date of Cancellation: [Date of Cancellation] at 12:01 AM

Dear [Policyholder Name],

This letter serves as formal confirmation that your automobile insurance policy listed above has been cancelled effective [Date of Cancellation].

This action has been taken because we did not receive the required premium payment by the due date. Despite our previous notice dated [Date of Past Due Notice], the balance of $[Amount Owed] remains unpaid.

Important Notice: As of the cancellation date, you no longer have insurance coverage for the vehicle(s) listed. Operating a motor vehicle without valid insurance is illegal in most states and may result in fines, license suspension, or the seizure of your vehicle. Additionally, we are required by law to notify the Department of Motor Vehicles (DMV) of this lapse in coverage.

If you wish to reinstate your coverage, please contact us immediately at [Phone Number]. Reinstatement is subject to underwriting approval and may require a lapse in coverage statement or a reinstatement fee.

If you have already sent your payment, please contact our billing department to verify receipt.

Sincerely,

[Sender Name/Department Name]
[Company Name]