

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

[Date]

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

RE: NOTICE OF CANCELLATION CONFIRMATION

Policy Number: [Policy Number]
Property Address: [Insured Property Address]
Cancellation Effective Date: [Date of Cancellation]

Dear [Policyholder Name],

This letter serves as formal confirmation that your homeowners insurance policy has been cancelled effective [Time, e.g., 12:01 AM] on [Date of Cancellation].

This action has been taken due to non-payment of the required premium. As of the effective date mentioned above, all coverage for the property listed is terminated. Any claims arising for losses occurring after this date will not be covered under this policy.

If you have a mortgage on your property, we are required by law to notify your mortgage lender of this cancellation. Please be aware that your lender may purchase "force-placed" insurance to protect their interest, which is typically more expensive than a standard policy.

If you have already mailed your payment or believe this cancellation is in error, please contact our billing department immediately at [Phone Number] or [Email Address].

If you wish to reinstate your coverage, please contact your agent at [Agent Name/Phone Number] to discuss the eligibility requirements and any outstanding balances.

Sincerely,

[Name/Signature]
[Department Name]
[Insurance Company Name]