**NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM**

Date: [Date]

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

**RE: Commercial General Liability Policy Cancellation**

Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]
Total Amount Overdue: $[Amount]

Dear [Insured Name],

Please be advised that your Commercial General Liability insurance policy listed above is hereby cancelled for non-payment of premium.

The cancellation will be effective at 12:01 A.M. on: **[Effective Date of Cancellation]**

All coverage under this policy will cease on the effective date and time mentioned above. Any claims occurring after this date will not be covered by this policy.

To prevent this cancellation and maintain continuous coverage, we must receive the total overdue amount of $[Amount] no later than [Due Date/Time].

If you have already sent your payment, please contact our billing department immediately at [Phone Number] or [Email Address] to confirm receipt and verify the status of your policy.

Sincerely,

[Your Name/Agent Name]
[Insurance Company Name]
[Contact Information]

cc: [Lienholder/Certificate Holder Name, if applicable]