

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

**Subject: Notice of Policy Cancellation - Policy Number: [Policy Number]**

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy, [Policy Number], has been cancelled effective [Cancellation Date] at 12:01 AM.

On [Date of First Notice], we informed you that your premium payment was past due and that your policy had entered a grace period. As of this date, we have not received the required payment of \$[Amount Due]. Consequently, the grace period has expired, and your coverage has been terminated due to non-payment.

**Important Information Regarding Your Coverage:**

- No claims will be honored for any losses occurring after the cancellation date.
- If you have a lienholder or mortgagee listed on this policy, they have been notified of this cancellation.
- Operating a [Vehicle/Property/Business] without insurance may be a violation of state law.

If you wish to reinstate your coverage, please contact us immediately at [Phone Number]. Reinstatement is subject to underwriting approval and may require a new application or additional fees. Please note that a gap in coverage may affect your future premium rates.

If you have already sent your payment, please disregard this notice or contact our billing department to confirm receipt.

Sincerely,

[Name/Department]

[Company Name]

[Contact Information]