

[Company Letterhead/Logo]

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF POLICY TERMINATION

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Expiration of Grace Period: [Date]

Dear [Policyholder Name],

This letter serves as formal notification that your commercial insurance policy has been terminated effective [Termination Date] at [Time, e.g., 12:01 AM].

Our records indicate that the grace period for your unpaid premium of [Amount Due] expired on [Date]. Despite our previous notice dated [Date of Previous Notice], we have not received the required payment. Consequently, all coverage under the aforementioned policy has ceased.

Please be advised of the following:

- **No Coverage:** Any incidents, claims, or losses occurring after the termination date will not be covered by this policy.
- **Outstanding Balance:** You remain responsible for the pro-rated premium earned during the period the policy was in force, including the grace period.
- **Reinstatement:** If you wish to seek reinstatement of coverage, please contact your agent immediately. Reinstatement is subject to underwriting approval and is not guaranteed.

If you have already sent your payment, please contact our billing department at [Phone Number] to verify receipt and discuss the status of your coverage.

Sincerely,

[Name of Sender/Department]

[Title]

[Insurance Company Name]

cc: [Agent/Broker Name]