

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

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

RE: NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]

Vehicle: [Year, Make, Model, VIN]

Dear [Policyholder Name],

This letter serves as official notification that your automobile insurance policy is scheduled for cancellation effective [**Cancellation Date**] at 12:01 AM due to [**Reason for Cancellation, e.g., Non-payment of Premium**].

To ensure you have adequate time to secure alternative coverage or rectify the account balance, we have provided a grace period. Your coverage will remain active through the end of the grace period, which expires on [**Grace Period End Date**].

Action Required:

- To maintain your coverage and stop this cancellation, a payment of \$[**Amount Due**] must be received by [**Deadline Date/Time**].
- If payment is not received, your coverage will terminate, and we will notify the Department of Motor Vehicles (DMV) as required by law.

Operating a vehicle without valid insurance is a violation of state law and may result in the suspension of your driver's license and vehicle registration. We strongly encourage you to resolve this matter immediately to avoid a lapse in coverage.

If you have already sent your payment or have questions regarding this notice, please contact our customer service department at [Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]