

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: NOTICE OF COVERAGE CANCELLATION

Policy Number: [Policy Number]
Coverage Type: [Type of Insurance]
Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

This letter serves as formal notification that your insurance coverage has been cancelled effective [Cancellation Date] due to non-payment of premiums.

Your policy provided a grace period which expired on [Grace Period End Date]. As we did not receive the required payment of \$[Total Amount Due] by that date, your protection under this policy has been terminated. Any claims filed for incidents occurring after the effective date of cancellation will not be covered.

If you believe this cancellation was made in error, or if you wish to apply for reinstatement of your coverage, please contact our Customer Service Department immediately at [Phone Number]. Please note that reinstatement is subject to underwriting approval and may require a full payment of the outstanding balance.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name]
[Title]
[Company Name]