

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]

Product Type: [Type of Insurance]

Termination Date: [Cancellation Date]

Dear [Policyholder Name],

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

As previously communicated, your grace period expired on [Grace Period End Date]. Since the required payment of \$[Total Overdue Amount] was not received by this deadline, your coverage is no longer active.

Important Information regarding your coverage:

- Claims for incidents occurring after the termination date will not be covered.
- Any unused premium (if applicable) will be refunded to you shortly.
- If you have a lienholder or mortgagee, they will be notified of this cancellation.

If you wish to reinstate 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 new application or a statement of no losses.

If you have already sent your payment, please disregard this notice and contact us to ensure your policy remains in force.

Sincerely,

[Agent/Representative Name]

[Company Name]

[Contact Information]