

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

[Date]

[Insured Name/Business Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF PENDING CANCELLATION

Policy Type: [Policy Type, e.g., General Liability]
Policy Number: [Policy Number]
Amount Past Due: \$[Amount]

Dear [Insured Name],

This letter is to inform you that your business insurance policy is scheduled for cancellation effective [Cancellation Date] due to non-payment of premium.

According to our records, we have not received the payment of \$[Amount] which was due on [Original Due Date].

Grace Period Information:

Your policy is currently in a grace period. To maintain your coverage and prevent the cancellation of your policy, we must receive the full payment of \$[Amount] no later than [Grace Period Expiration Date].

If payment is received by the date mentioned above, your policy will remain active without a lapse in coverage. If payment is not received by [Time, e.g., 5:00 PM] on [Grace Period Expiration Date], your insurance coverage will terminate, and any claims occurring after that time will not be covered.

Please remit payment immediately via [Payment Method/Online Link] or contact our billing department at [Phone Number] if you believe this notice has been sent in error.

Sincerely,

[Name/Department]
[Company Name]