

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: NOTICE OF POLICY CANCELLATION DUE TO NON-PAYMENT

Dear [Policyholder Name],

Our records indicate that we have not received the outstanding premium payment for your policy listed below:

- **Policy Number:** [Policy Number]
- **Policy Type:** [Policy Type]
- **Past Due Amount:** [Amount]

The grace period for your payment expired on [Grace Period End Date]. Because the payment was not received by this deadline, we regret to inform you that your coverage has been cancelled effective [**Cancellation Date**] at [Time].

Impact of Cancellation:

- Claims for incidents occurring after the cancellation date will not be covered.
- Any proof of insurance or certificates previously issued are now invalid.
- [Optional: Information regarding legal requirements for continuous coverage, e.g., auto insurance].

If you wish to reinstate your coverage, please contact us immediately at [Phone Number]. Reinstatement is subject to company approval and may require a reinstatement fee or a new application.

If you have already mailed your payment, please disregard this notice or call our billing department to confirm receipt.

Sincerely,

[Company Name]

[Department Name]

[Phone Number]

[Website]