Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Address: [Insert Address]

NOTICE OF POLICY CANCELLATION

Dear [Insert Policyholder Name],

We are writing to formally notify you that your insurance policy referenced above is being cancelled due to non-payment of the premium.

Cancellation Effective Date: [Insert Date and Time]

Our records indicate that we have not received the required payment of $[Insert Amount] which was due on [Insert Due Date]. As a result, your insurance coverage will cease on the effective date listed above unless the full outstanding balance is paid before that time.

If your policy is cancelled, you will no longer have insurance protection. If you are required by law or contract (such as a vehicle registration or mortgage) to maintain insurance, please be aware that this cancellation may lead to legal or financial consequences.

How to Prevent Cancellation:

To keep your policy active, we must receive a payment of $[Insert Amount] no later than [Insert Deadline Date]. You can make a payment through the following methods:

- Online: [Insert Website Link]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address]

If you have already sent your payment, please disregard this notice or contact our billing department at [Insert Phone Number] to confirm receipt.

Sincerely,

[Insert Name/Department]
[Insert Company Name]
[Insert Contact Information]