[Date]

[Insured Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF POLICY CANCELLATION FOR NON-PAYMENT

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

Dear [Insured Name],

This letter serves as formal notification that your insurance policy listed above is being cancelled due to non-payment of the premium.

Despite previous reminders, we have not received the required payment of $[Total Amount Overdue].

Important Information:

- Your coverage will officially terminate on [Date of Cancellation] at [Time, e.g., 12:01 AM].
- Any claims occurring after this date and time will not be covered by this policy.
- If your policy covers a vehicle or property with a lienholder, they will also be notified of this cancellation.

To prevent this cancellation and maintain your coverage, we must receive the full payment amount of $[Total Amount Overdue] no later than [Due Date/Time].

Payments can be made via [Payment Method/Website] or by calling [Phone Number].

If payment has already been sent, please disregard this notice or contact our billing department to confirm receipt.

Sincerely,

[Name of Insurance Representative/Department]
[Insurance Company Name]
[Contact Phone Number]