Date: [Current Date]

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

Policy Number: [Policy Number]
Insurance Provider: [Insurance Company Name]

NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Dear [Policyholder Name],

This letter serves as official notice that your automobile insurance policy listed above is scheduled for cancellation due to non-payment of the required premium.

Cancellation Date: [Effective Date of Cancellation] at 12:01 A.M.

As of the date of this letter, our records indicate an outstanding balance of **$[Amount Due]**. This amount was originally due on [Original Due Date].

How to Prevent Cancellation:

To keep your insurance coverage active and prevent a lapse in coverage, we must receive the full payment of $[Amount Due] no later than [Payment Deadline Date]. If payment is received by this date, your policy will remain in effect without interruption.

Important Consequences:

- If payment is not received, all coverage under this policy will cease on the cancellation date mentioned above.
- Driving without insurance is illegal and may result in fines, license suspension, or vehicle impoundment.
- A lapse in coverage may lead to higher insurance rates in the future.
- Any claims filed for incidents occurring after the cancellation date will not be covered.

If you have already sent your payment, please disregard this notice. If you have questions or believe this notice was sent in error, please contact our Customer Service Department immediately at [Phone Number].

Sincerely,

[Agent/Department Name]
[Insurance Company Name]