Date: [Current Date]

To:
[Insured Name / Business Name]
[Street Address]
[City, State, Zip Code]

From:
[Insurance Company Name / Agency Name]
[Street Address]
[City, State, Zip Code]

Subject: NOTICE OF POLICY CANCELLATION FOR NON-PAYMENT OF PREMIUM

Policy Number: [Policy Number]
Policy Type: [Type of Insurance, e.g., General Liability]
Cancellation Effective Date: [Date of Cancellation] at 12:01 A.M.

Dear [Insured Name],

Please be advised that your insurance policy listed above is scheduled for cancellation on **[Date of Cancellation]** due to non-payment of the required premium.

Our records indicate that the following amount remains unpaid: **$[Total Amount Due]**.

If full payment is not received by [Time] on [Date of Cancellation], all coverage under this policy will cease. This means your business will no longer be protected against risks or claims occurring after the cancellation date and time.

To prevent the lapse of your insurance coverage, please submit your payment immediately via one of the following methods:

- Online at: [Website URL]
- By phone at: [Phone Number]
- By mail to the address listed above (must be received before the deadline).

If you have already sent your payment, please contact our billing department at [Phone Number] to ensure your policy remains in force. If you believe this notice was sent in error, please contact your agent immediately.

Sincerely,

[Sender Name/Signature]
[Title/Department]
[Phone Number]