NOTICE OF INTENT TO CANCEL INSURANCE POLICY

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Insured Name: [Insert Name of Insured]
Address: [Insert Insured Address]

Dear [Insert Name of Insured],

This letter serves as formal notice that your insurance policy is scheduled for cancellation due to non-payment of premium. Our records indicate that we have not received the payment required to maintain your coverage.

Cancellation Details:

- Past Due Amount: $[Insert Amount]
- Payment Due Date: [Insert Date]
- Scheduled Cancellation Date: [Insert Date and Time]

If payment is not received by the Scheduled Cancellation Date listed above, your policy will be terminated, and all coverage will cease. Any claims occurring after this date will not be covered.

To prevent the cancellation of your policy, please submit the total past due amount immediately. You can make a payment via [Insert Payment Method - e.g., Online Portal, Phone, or Mail].

If you have already sent your payment, please disregard this notice. If you believe this notice is in error, please contact our billing department at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]