Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]
Address: [Insert Street Address]
City, State, Zip: [Insert City, State, Zip]

Subject: Notice of Insurance Policy Cancellation

Policy Number: [Insert Policy Number]
Policy Type: [Insert Type, e.g., Auto/Home/Life]

Dear [Insert Policyholder Name],

This letter serves as official notification that your insurance policy listed above is scheduled for cancellation due to non-payment of premium dues.

Our records indicate that an outstanding balance of **$[Insert Amount]** was due on **[Insert Due Date]**. Despite previous reminders, we have not received your payment.

Cancellation Effective Date: [Insert Date and Time, e.g., mm/dd/yyyy at 12:01 AM]

To prevent the cancellation of your coverage and maintain your insurance protection, we must receive the full payment of $[Insert Amount] no later than [Insert Deadline Date].

Please note:

- If payment is not received by the deadline, your coverage will terminate on the effective date listed above.
- A lapse in coverage may result in higher future premiums or difficulty obtaining new insurance.
- Claims for incidents occurring after the cancellation date will not be covered.

If you have already sent your payment, please disregard this notice. If you wish to make a payment by phone or have questions regarding your account, please contact our Customer Service Department at [Insert Phone Number].

Sincerely,

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