FINAL NOTICE OF CANCELLATION

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Property/Vehicle Insured: [Insert Description]
Total Amount Overdue: $[Insert Amount]

Dear [Insert Policyholder Name],

Our records indicate that we have not received the premium payment for the insurance policy listed above. Despite previous reminders, your account remains delinquent.

Please be advised that your insurance coverage will be CANCELLED effective at 12:01 AM on [Insert Cancellation Date] due to non-payment of premium.

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

If payment is not received by the specified date:

- All coverage will cease.
- Any claims occurring after the cancellation date will not be covered.
- We may notify relevant lienholders or state agencies of this lapse in coverage.

If you have already sent your payment, please contact our billing department immediately at [Insert Phone Number] to confirm receipt and ensure your policy remains active.

Sincerely,

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