**Date:** [Insert Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

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

**Policy Number:** [Insert Policy Number]
**Total Amount Overdue:** [Insert Amount]

Dear [Policyholder Name],

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

This letter serves as formal notice that your insurance coverage will be **cancelled effective [Insert Date] at [Insert Time]**, unless the full overdue amount is received prior to this date.

Please be advised that if the policy is cancelled:

- You will no longer be covered for any claims or losses occurring after the cancellation date.
- Your proof of insurance will become invalid.
- Reinstatement of the policy may be subject to a lapse in coverage or additional fees.

To prevent the cancellation of your policy, please submit your payment immediately via [Insert Payment Method/Link] or contact our billing department at [Insert Phone Number].

If you have already sent your payment, please disregard this notice.

Sincerely,

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