[Insurance Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

NOTICE OF POLICY TERMINATION FOR NON-PAYMENT

RE: Homeowners Insurance Policy #[Policy Number]
Property Address: [Insured Property Address]

Dear [Policyholder Name],

This letter serves as formal notification that your homeowners insurance policy listed above has been terminated effective [Cancellation Date/Time] due to non-payment of the required premium.

Our records indicate that the past due amount of $[Amount Owed] remains unpaid despite previous notices sent on [Dates of Previous Notices]. As a result, all coverage associated with this policy has ceased as of the effective date mentioned above.

Please be advised that:

- You no longer have insurance protection against fire, theft, liability, or other perils for the property located at [Insured Property Address].
- If you have a mortgage on this property, your mortgage lender will be notified of this cancellation, which may result in "force-placed" insurance at a significantly higher cost to you.

If you wish to reinstate your coverage, please contact our billing department immediately at [Phone Number]. Reinstatement is subject to company approval and may require a full payment of the outstanding balance plus a reinstatement fee.

If you have already sent your payment, please disregard this notice or contact us to confirm receipt.

Sincerely,

[Agent/Representative Name]
[Insurance Company Name]