

DATE: [Current Date]

TO:

[Policyholder Name]

[Address Line 1]

[City, State, Zip Code]

SUBJECT: FINAL NOTICE OF POLICY CANCELLATION

Dear [Policyholder Name],

This is a formal notification regarding your insurance policy: [**Policy Number**].

Our records indicate that we have not received the required payment for your premium. Despite previous notices, your account remains past due in the amount of \$[**Amount Due**].

CANCELLATION DETAILS:

- **Termination Date:** [Cancellation Date]
- **Termination Time:** [Time, e.g., 12:01 AM]

If payment is not received by the date listed above, your coverage will be officially terminated. A lapse in insurance coverage may result in legal penalties, higher future premiums, or the denial of claims for incidents occurring after the cancellation date.

HOW TO PREVENT CANCELLATION:

To keep your policy active, please submit the full payment of \$[**Amount Due**] immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you have questions or believe this notice was sent in error, contact our billing department at [Contact Phone Number] immediately.

Sincerely,

[Sender Name/Department]

[Company Name]