

Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]

Address: [Insert Street Address]

City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

Subject: Notice of Default and Intent to Cancel

Dear [Insert Policyholder Name],

This letter is to formally notify you that your auto insurance premium payment is past due. As of [Insert Date], we have not received the payment required to keep your policy active.

Account Status Details:

- **Past Due Amount:** \$[Insert Amount]
- **Original Due Date:** [Insert Due Date]
- **Late Fees (if applicable):** \$[Insert Fee Amount]
- **Total Amount Required:** \$[Insert Total Amount]

Please be advised that if the total amount due is not received by **[Insert Cancellation Date]**, your insurance coverage will be cancelled effective at 12:01 AM on that date.

Driving without valid insurance is illegal and may result in fines, license suspension, or financial liability in the event of an accident. To prevent the cancellation of your policy, please make a payment immediately via one of the following methods:

- **Online:** [Insert Website Link]
- **Phone:** [Insert Phone Number]
- **Mail:** [Insert Payment Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department at [Insert Phone Number] to discuss potential payment arrangements.

Sincerely,

[Insert Representative Name/Department]

[Insert Insurance Company Name]

[Insert Company Phone Number]