

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: FINAL NOTICE - TERMINATION OF INSURANCE POLICY

Policy Number: [Policy Number]
Past Due Amount: [Amount Due]
Due Date: [Immediate Date]

Dear [Policyholder Name],

This is a formal and final demand for the unpaid premium on the above-referenced insurance policy. Our records indicate that your account remains delinquent despite previous notifications.

Please be advised that this is your **Final Notice**. Unless we receive the full payment of [Amount Due] by [Cancellation Date], your insurance coverage will be cancelled effective [Time] on that date.

Consequences of Cancellation:

- Loss of all insurance protection and benefits.
- Potential legal or financial liability for any claims occurring after the cancellation date.
- Reporting of policy lapse to state motor vehicle departments or lienholders (if applicable).

To prevent the immediate termination of your coverage, please submit your payment via [Payment Method: Online Portal/Phone/Check].

If you have already sent your payment, please disregard this letter. If you have questions regarding your account, contact our Billing Department immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Your Company Name]