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

[Date]

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

RE: FINAL NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]
Total Overdue Amount: $[Amount]

Dear [Policyholder Name],

Our records indicate that we have not received the required payment for the insurance policy listed above. Despite previous notifications, your account remains delinquent.

This is a formal notice that your insurance coverage will be CANCELLED effective [Cancellation Date] at [Time, e.g., 12:01 AM] due to non-payment of premium.

To prevent the cancellation of your policy and avoid a lapse in coverage, we must receive a payment of $[Amount] no later than [Due Date/Time].

Please note the following consequences of policy cancellation:

- You will no longer have insurance protection after the cancellation date.
- A lapse in coverage may result in higher premiums in the future.
- We may report the cancellation to the Department of Motor Vehicles (if applicable) or your lienholder/mortgage company.

If you have already sent your payment, please disregard this notice. If you have any questions or wish to make a payment via phone, please contact our billing department immediately at [Phone Number].

Sincerely,

[Sender Name/Department]
[Your Company Name]