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

DATE: [Current Date]

RE: FINAL NOTICE OF POLICY CANCELLATION

Policyholder: [Policyholder Name]
Policy Number: [Policy Number]
Vehicle(s): [Year, Make, Model]
Cancellation Effective Date: [Date] at [Time, e.g., 12:01 AM]

Dear [Policyholder Name],

This letter serves as official notification that your automobile insurance policy listed above will be canceled effective [Date] due to [Reason, e.g., non-payment of premium].

As of the effective date and time mentioned above, all insurance coverage provided by this policy will cease. This means you will no longer have liability, collision, or comprehensive protection for the vehicle(s) listed.

Important Consequences:

- Driving without insurance is illegal and may result in fines, license suspension, or vehicle impoundment.
- Your state's Department of Motor Vehicles (DMV) will be notified of this cancellation.
- If you have a lienholder or leasing company, they will be notified that your coverage has ended.

To prevent this cancellation, we must receive a payment of **$[Amount Due]** no later than [Date/Time]. If payment is not received by this deadline, the cancellation will proceed as scheduled.

You may make a payment via our website at [Website URL], by calling [Phone Number], or by visiting a local office. If you have already sent your payment, please contact us immediately to confirm receipt.

Sincerely,

[Agent/Department Name]
[Company Name]