[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: FINAL NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]
Policy Type: [Policy Type]
Effective Date of Cancellation: [Cancellation Date and Time]

Dear [Insured Name],

We are writing to formally notify you that your insurance policy listed above has been cancelled effective [Cancellation Date] at [Time].

This action has been taken because we did not receive the required premium payment by the end of the allowed grace period. As of the effective date mentioned above, you no longer have insurance coverage under this policy.

Important Information regarding your coverage:

- Any claims for incidents occurring after the cancellation date will not be covered.
- If your policy covered a vehicle or property with a lienholder or mortgagee, they have been notified of this cancellation.
- Operating a vehicle or maintaining a property without insurance may be a violation of state law or loan agreements.

If you wish to reinstate your coverage, please contact us immediately at [Phone Number]. Please note that reinstatement is subject to underwriting approval and may require a lapse in coverage statement or additional fees.

If you have already sent your payment, please contact our billing department to confirm receipt and verify the status of your policy.

Sincerely,

[Company Name]
[Department Name]
[Contact Information]