FINAL NOTICE OF POLICY CANCELLATION

Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]
Policy Number: [Insert Policy Number]
Property Address: [Insert Insured Address]

Dear [Insert Policyholder Name],

This letter serves as formal notification that your renters insurance policy will be cancelled effective **[Insert Cancellation Date]** at 12:01 AM.

Reason for Cancellation: [Insert Reason, e.g., Non-payment of premium / Request by insured / Underwriting reasons]

Please be advised that after the effective date mentioned above, you will no longer have insurance coverage for your personal property, personal liability, or loss of use at the address listed. If your lease agreement requires you to maintain active renters insurance, this cancellation may put you in violation of your rental contract.

How to avoid cancellation:
To maintain your coverage and prevent this cancellation, we must receive [Insert Action, e.g., payment in the amount of $XX.XX] no later than [Insert Deadline Date].

If you have already sent your payment or have secured coverage through another provider, please disregard this notice. If you have questions regarding this notice, please contact our customer service department at [Insert Phone Number].

Sincerely,

[Insert Name/Department]
[Insert Insurance Company Name]
[Insert Contact Information]