[Date]

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

RE: NOTICE OF CANCELLATION DUE TO NON-PAYMENT

Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Effective Date of Cancellation: [Date and Time]

Dear [Policyholder Name],

Please be advised that your automobile 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 due date of [Original Due Date]. As a result, your coverage has lapsed, and your vehicle is no longer insured by [Insurance Company Name].

Important Consequences:

- Operating a motor vehicle without insurance is illegal in most states.
- A lapse in coverage may result in higher premiums when you seek new insurance.
- We are required by law to notify the Department of Motor Vehicles (DMV) of this cancellation.

To discuss the possibility of reinstating your policy or to clear any outstanding balance, please contact our billing department immediately at [Phone Number] or visit [Website].

Sincerely,

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