URGENT: NOTICE OF INTENT TO CANCEL INSURANCE

Date: [Insert Date]

Policyholder Name: [Insert Business Name]
Policy Number: [Insert Policy Number]
Coverage Type: Commercial General Liability
Amount Overdue: $[Insert Amount]

Dear [Insert Contact Name],

Our records indicate that we have not received the premium payment for your Commercial General Liability insurance policy, which was due on [Insert Due Date].

Please be advised that if payment is not received by 12:01 AM on [Insert Cancellation Date], your insurance coverage will lapse and the policy will be cancelled for non-payment of premium.

A lapse in coverage can leave your business vulnerable to significant financial loss and legal liability. To prevent the cancellation of your policy, please submit your payment immediately through one of the following methods:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mail: [Insert Mailing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your account, contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Insert Name/Department]
[Insert Insurance Agency/Company Name]