DATE: [Current Date]

TO:
[Insured Name]
[Insured Address]
[City, State, Zip Code]

RE: NOTICE OF DEFAULT AND INTENT TO CANCEL INSURANCE POLICIES

Premium Finance Agreement Number: [Agreement Number]
Total Past Due Amount: $[Amount]

Dear [Insured Name],

This letter serves as formal notice that your premium finance account is currently in default due to non-payment. Despite previous notifications, we have not received the required installment payment(s) due on [Due Date].

NOTICE OF CANCELLATION:

Pursuant to the terms of your Premium Finance Agreement and the Power of Attorney granted therein, notice is hereby given that if the full past due amount is not received by [Final Deadline Date], we will exercise our right to cancel the following insurance policies:

- **Policy Type:** [Policy Type]
- **Policy Number:** [Policy Number]
- **Insurance Carrier:** [Carrier Name]

If cancellation occurs, your insurance coverage will terminate at [Time] on [Cancellation Effective Date]. Any unearned premiums will be returned to the finance company to be applied to your outstanding balance. You will remain liable for any deficiency remaining on the account.

To prevent the cancellation of your insurance coverage, please remit the total past due amount of **$[Amount]** immediately. Payment can be made via [Payment Method/Website].

If you have already sent your payment, please disregard this notice.

Sincerely,

[Sender Name]
[Company Name]
[Phone Number]
[Email Address]

cc: [Insurance Agent/Broker Name]
[Insurance Carrier Name]