

[Date]

[Customer Name]

[Address Line 1]

[Address Line 2]

**RE: FINAL NOTICE - NOTICE OF PENDING CANCELLATION**

Policy Number: [Policy Number]

Past Due Amount: \$[Amount]

Due Date: [Date]

Dear [Customer Name],

This is a formal notification that your insurance coverage is currently in its final grace period. We have not yet received your payment for the period of [Billing Period].

To ensure your coverage remains active and to avoid a lapse in protection, we must receive your payment of \$[Amount] no later than **[Cancellation Date]**. If payment is not received by this date, your policy will be canceled effective [Time] on [Cancellation Date].

A lapse in coverage may result in:

- A loss of protection for any claims occurring after the cancellation date.
- Difficulty or higher costs when seeking future insurance.
- Potential legal or lienholder complications.

If you have already sent your payment, please disregard this notice. If you need to make an immediate payment via phone or online, please use the contact information below.

**Payment Options:**

Online: [Website URL]

Phone: [Phone Number]

Sincerely,

[Sender Name/Department]

[Company Name]