

**Date:** [Insert Date]

**Policyholder Name:** [Insert Name]

**Policy Number:** [Insert Policy Number]

**Property Address:** [Insert Property Address]

# NOTICE OF INTENT TO CANCEL INSURANCE

Dear [Insert Policyholder Name],

This is a formal notification that your renter's insurance policy is pending cancellation due to non-payment of your premium. Our records indicate that we have not received the payment that was due on [Insert Due Date].

**Amount Past Due:** \$[Insert Amount]

To keep your coverage active and avoid a lapse in insurance, we must receive your payment by **[Insert Cancellation Date]**. If payment is not received by this date, your policy will be officially canceled effective [Insert Time, e.g., 12:01 AM] on that day.

Please note that a lapse in coverage may leave your personal belongings unprotected and may violate the terms of your lease agreement with your landlord.

## How to pay:

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

If you have already sent your payment, please disregard this notice. If you have any questions or are experiencing financial hardship, please contact our customer service department immediately at [Insert Customer Service Phone Number].

Sincerely,

[Insert Company Name]

[Insert Department Name]

[Insert Contact Information]