

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Policy Number: [Policy Number]

Type of Insurance: [Insurance Type]

Cancellation Effective Date: [Date] at [Time, e.g., 12:01 AM]

Dear [Policyholder Name],

This is a formal notice that your insurance coverage under the policy number listed above will be cancelled effective [Cancellation Date] due to non-payment of the premium.

Past Due Amount: \$[Amount]

To prevent this cancellation and maintain your coverage without interruption, we must receive the full payment amount listed above by [Due Date/Time].

If payment is not received by the specified deadline, your coverage will terminate, and any claims occurring after the cancellation date will not be covered. If your policy is cancelled, you may be required to apply for a new policy, which could result in higher rates or a gap in coverage.

If you have already sent your payment, please disregard this notice. If you believe this notice was sent in error or if you wish to make a payment by phone, please contact our billing department immediately at [Phone Number].

Sincerely,

[Company Name]

[Department Name]

[Contact Information]