[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: FIRST NOTICE OF PENDING POLICY CANCELLATION

Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Amount Due: $[Amount]

Dear [Policyholder Name],

This is a formal notification that your insurance policy is at risk of cancellation due to [Reason for Cancellation, e.g., non-payment of premium].

To ensure your coverage remains active and uninterrupted, we must receive your payment of $[Amount] by [Due Date].

If payment is not received by the date listed above, your policy will be cancelled effective [Cancellation Effective Date] at 12:01 AM. Once a policy is cancelled, you will no longer have insurance protection, and any claims filed after this date will not be covered.

Action Required:

- Online: Visit [Website URL] to pay via credit card or bank transfer.
- Phone: Call [Phone Number] to speak with our billing department.
- Mail: Send a check to the address listed on your enclosed invoice.

If you have already sent your payment, please disregard this notice. If you have questions or believe this notice was sent in error, please contact us immediately at [Phone Number].

Sincerely,

[Agent/Department Name]
[Company Name]