[Your Insurance Company Name]
[Billing Department Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: FINAL NOTICE OF OVERDUE PREMIUM / NOTICE OF CANCELLATION

Policy Number: [Your Policy Number]
Vehicle: [Year, Make, Model]
Total Amount Due: $[Amount]

Dear [Policyholder Name],

This is a formal warning regarding the overdue premium for your auto insurance policy. Our records indicate that we have not received payment for the amount listed above, which was originally due on [Original Due Date].

FAILURE TO PAY BY [Cancellation Date/Time] WILL RESULT IN THE AUTOMATIC CANCELLATION OF YOUR INSURANCE COVERAGE.

To prevent a lapse in coverage, please submit your payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Use the enclosed payment coupon and envelope.

Please be aware that driving without insurance is illegal in most states and may lead to fines, license suspension, or the impounding of your vehicle. Additionally, if your policy is cancelled, you may face higher premiums to reinstate coverage or obtain a new policy elsewhere.

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

Sincerely,

[Billing Department/Name]
[Your Insurance Company Name]