**DATE:** [Current Date]

**TO:**
[Insured Name]
[Mailing Address]
[City, State, Zip Code]

**RE: NOTICE OF PENDING CANCELLATION FOR NON-PAYMENT OF PREMIUM**

**Policy Type:** Commercial General Liability
**Policy Number:** [Policy Number]
**Total Amount Past Due:** [Amount Due]
**Payment Due Date:** [Due Date]

Dear [Insured Name],

Our records indicate that we have not received the installment payment for your Commercial General Liability insurance policy. Please be advised that your coverage is scheduled to be cancelled for non-payment of premium effective **[Cancellation Date]** at 12:01 A.M. Standard Time.

To prevent the cancellation of your policy and maintain continuous coverage, we must receive the total amount past due no later than the Payment Due Date listed above.

If payment has already been sent, please disregard this notice. If you have any questions regarding your account or wish to make a payment via phone, please contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Department]
[Insurance Company/Agency Name]