

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: IMPORTANT NOTICE - Pending Cancellation of Policy #[Policy Number]

Dear [Policyholder Name],

Our records indicate that we have not received the payment due for your [Type of Insurance, e.g., Auto/Home] insurance policy. As a result, your coverage is scheduled to be cancelled effective [**Cancellation Date**] at 12:01 AM.

Status of Your Policy:

- Policy Number: [Policy Number]
- Past Due Amount: \$[Amount]
- Payment Due Date: [Due Date]
- Cancellation Date: [Cancellation Date]

To prevent your policy from lapsing and to maintain your insurance coverage, we must receive a minimum payment of \$[Amount] by [Due Date].

How to Pay:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to [Payment Address]

If payment is not received by the deadline, your policy will lapse. A lapse in coverage may result in a loss of protection, higher future premiums, or legal penalties if insurance is required by law or your mortgage lender.

If you have already sent your payment, please disregard this notice. If you have any questions or are experiencing financial hardship, please contact our billing department at [Phone Number] immediately to discuss your options.

Sincerely,

[Sender Name/Department]

[Company Name]