

URGENT NOTICE OF PENDING CANCELLATION

Date: [Current Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Policy Number: [Policy Number]

Amount Due: [Amount Due]

Payment Due Date: [Due Date]

Dear [Policyholder Name],

Our records indicate that we have not yet received the payment required for the insurance policy referenced above. As a result, your coverage is scheduled to be cancelled effective **[Cancellation Date]** at 12:01 A.M. Standard Time.

To prevent the cancellation of your insurance coverage, we must receive a minimum payment of **[Amount Due]** no later than **[Due Date]**. If payment is not received by this date, your policy will terminate, and a lapse in coverage will occur.

Please note that if your policy cancels, any claims occurring after the cancellation date will not be covered. Additionally, a lapse in coverage may result in higher premiums in the future or difficulty obtaining new insurance.

How to Pay:

- Pay Online: [Website URL]
- Pay by Phone: [Phone Number]
- Pay by Mail: Please send your check or money order to the address listed below.

If you have already sent your payment, please disregard this notice. If you have questions regarding your account, please contact our billing department immediately at [Phone Number].

Sincerely,

[Company Name]

[Billing Department]

[Contact Information]