

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

RE: Notice of Intent to Cancel Insurance Policy

Policy Number: [Policy Number]

Policy Type: [Type of Insurance]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

This letter serves as formal notice that we intend to cancel the insurance policy listed above. Our records indicate that your account is currently past due. This action is being taken due to non-payment of the premium for your agency direct bill account.

Total Amount Past Due: \$[Amount Due]

To prevent the cancellation of your coverage and maintain your insurance protection, we must receive the full payment amount listed above no later than [Due Date/Time].

Please note the following:

- If payment is not received by the deadline, your coverage will terminate on [Cancellation Date] at [Time].
- A lapse in coverage may result in higher future premiums or difficulty obtaining new insurance.
- Payments can be made via [Payment Methods, e.g., online portal, phone, or check].

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 our agency immediately at [Agency Phone Number].

Sincerely,

[Agent/Representative Name]

[Agency Name]

[Agency Address]

[Agency Phone Number]