URGENT: NOTICE OF IMMINENT POLICY CANCELLATION

Date: [Insert Date]

Recipient Name: [Insert Name]
Address: [Insert Address]
City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

Cancellation Effective Date: [Insert Date]

Dear [Recipient Name],

This letter serves as formal notification that your insurance policy is scheduled for cancellation effective **[Insert Date]** at 12:01 AM due to **[Reason, e.g., Non-payment of premium]**.

To prevent the lapse of your coverage, we must receive a payment in the amount of **$[Insert Amount]** no later than **[Insert Due Date]**.

Failure to take action will result in the following:

- Immediate loss of insurance protection.
- Potential legal or financial liability.
- A permanent record of policy cancellation, which may increase future insurance rates.

If payment has already been sent, please disregard this notice. Otherwise, please contact our billing department immediately at [Insert Phone Number] or visit our online portal at [Insert Website URL] to settle your balance.

Sincerely,

[Sender Name/Company Name]
[Title]
[Phone Number]