NOTICE OF INTENT TO CANCEL

Date: [Current Date]

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

FROM:
[Premium Finance Company Name]
[Company Address]
[City, State, Zip Code]

RE: Notice of Intent to Cancel Insurance Policy

Account Number: [Account Number]
Policy Number: [Insurance Policy Number]
Insurance Carrier: [Insurance Company Name]

Dear [Insured Name],

Our records indicate that your premium finance installment due on [Due Date] has not been received. As of the date of this letter, your account is past due in the amount of $[Total Amount Due].

PLEASE TAKE NOTICE: Unless payment is received in our office by [Cancellation Date], we will exercise the Power of Attorney granted to us in your Premium Finance Agreement to cancel the insurance policy listed above.

To prevent the cancellation of your insurance coverage, please remit the following amount immediately:

- Past Due Installment: $[Amount]
- Late Fee(s): $[Amount]
- **Total Required to Prevent Cancellation: $[Total Amount]**

If your policy is cancelled, there may be a gap in your insurance coverage. Please contact us at [Phone Number] if you have already sent your payment or if you have any questions regarding this notice.

Sincerely,

[Name/Department]
[Premium Finance Company Name]

cc: [Insurance Agent/Broker Name]
cc: [Insurance Carrier Name]