**DATE:** [Current Date]
**POLICY NUMBER:** [Policy Number]
**INSURED:** [Insured Name]

# URGENT: NOTICE OF INTENT TO CANCEL INSURANCE

Dear [Insured Name],

We have been notified by your premium finance company, **[Finance Company Name]**, that your account is currently past due. As a result, they have issued a notice of intent to cancel your insurance policy effective **[Cancellation Date]**.

Please be advised that if payment is not received and processed by the finance company before the date listed above, your insurance coverage will lapse. A lapse in coverage may result in:

- Unprotected financial loss or claims.
- Legal penalties for lack of mandatory insurance.
- Difficulty or higher costs in obtaining future coverage.

To prevent this cancellation, you must contact **[Finance Company Name]** immediately at **[Finance Company Phone Number]** to remit your payment.

**Note:** Our agency cannot accept payments for your finance contract. All payments must be made directly to the finance company to ensure your policy remains active.

If you have already sent your payment, please contact us at [Agency Phone Number] so we can verify the status of your policy with the carrier.

Sincerely,

[Agent Name]
[Agency Name]
[Agency Phone Number]