[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Date: [Current Date]

RE: NOTICE OF DEFAULT AND INTENT TO CANCEL INSURANCE POLICIES

Account Number: [Account Number]
Policy Number(s): [Policy Numbers]
Total Past Due Amount: $[Amount]

Dear [Insured Name],

Our records indicate that we have not received the installment payment due on [Due Date] for your premium finance agreement. As a result, your account is now in default.

URGENT ACTION REQUIRED:

If the Total Past Due Amount listed above is not received by [Cancellation Effective Date], we will exercise our Power of Attorney to request the immediate cancellation of the insurance policies listed above.

Please note that once a cancellation request is sent to your insurance carrier, a reinstatement of coverage is not guaranteed and may result in a gap in your insurance protection.

To prevent the cancellation of your coverage, please submit your payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Mailing Address for Payments]

If you have already sent your payment, please disregard this notice.

Sincerely,

[Premium Finance Company Name]
[Department Name]
[Contact Phone Number]