[Date]

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

RE: NOTICE OF PENDING CANCELLATION

Policy Number: [Policy Number]
Finance Agreement Number: [Agreement Number]
Insurance Carrier: [Carrier Name]

Dear [Insured Name],

This letter serves as formal notice that your insurance policy is currently pending cancellation due to non-payment of your premium finance agreement.

According to our records, your account is past due in the amount of $[Amount Due]. This amount includes the missed installment and any applicable late fees.

Cancellation Effective Date: [Date of Cancellation] at 12:01 AM

To prevent the termination of your insurance coverage, we must receive the full amount due by [Due Date]. If payment is not received by this date, the power of attorney granted in your finance agreement will be exercised to cancel the policy.

Please note that if your policy is cancelled, a lapse in coverage may occur, which could affect your future insurance rates or leave you unprotected against claims.

Payment can be made via the following methods:

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

If you have already sent your payment, please disregard this notice. If you have questions regarding your account, please contact our customer service department immediately at [Customer Service Phone Number].

Sincerely,

[Sender Name]
[Company Name]
[Department Name]