Date: [Date]

To: [Policyholder Name]
Address: [Policyholder Address]
City, State, Zip: [City, State, Zip]

RE: URGENT NOTICE OF PENDING CANCELLATION

Policy Number: [Policy Number]
Insurance Carrier: [Insurance Company Name]
Premium Finance Company: [Finance Company Name]
Finance Contract Number: [Contract Number]

Dear [Policyholder Name],

Our records indicate that the premium finance company listed above has issued a Notice of Intent to Cancel regarding your insurance policy. This action has been taken due to non-payment of your scheduled premium finance installment.

Please be advised that if payment is not received and processed by the finance company by **[Cancellation Date/Time]**, your insurance coverage will be terminated. A lapse in coverage may result in financial penalties, legal liability, and difficulty obtaining insurance in the future.

To prevent the cancellation of your policy, you must take the following actions immediately:

- Contact [Finance Company Name] at [Phone Number] to make a payment.
- Confirm with our office once the payment has been made so we can monitor the status with the carrier.

If you have already sent your payment, please disregard this notice. However, we strongly recommend calling the finance company to ensure your funds were received and applied to your account before the deadline.

Sincerely,

[Broker Name]
[Brokerage Agency Name]
[Phone Number]
[Email Address]