URGENT: NOTICE OF PENDING CANCELLATION

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Subject: Notice of Cancellation of Automobile Insurance

Dear [Policyholder Name],

This letter serves as official notice that your automobile insurance policy with [Company Name] is scheduled to be cancelled effective at 12:01 AM on [Cancellation Date].

Reason for Cancellation:
This action is being taken due to a change in your risk profile that no longer meets our underwriting guidelines for high-risk coverage. Specifically: [Insert Reason, e.g., accumulation of driving record points, failure to provide requested documentation, or non-payment of premium].

How to Prevent Cancellation (If Applicable):
To keep your coverage active, you must take the following action by [Deadline Date]:
[Insert Action, e.g., Pay the outstanding balance of $0.00 / Provide proof of completed driving course].

Important Information Regarding Insurance Requirements:
State law requires all registered vehicles to maintain continuous liability insurance. A lapse in coverage may result in the suspension of your driver's license and vehicle registration. We recommend you contact an insurance broker or the State Automobile Insurance Plan immediately to secure alternative coverage.

If you believe this notice was sent in error or if you have questions regarding this decision, please contact our Customer Service Department at [Phone Number] between the hours of [Operating Hours].

Sincerely,

[Name of Representative/Department]
[Company Name]
[Company Address]