URGENT: NOTICE OF PENDING CANCELLATION

Date: [Insert Date]

Policyholder Name: [Insert Name]
Policy Number: [Insert Policy Number]
Vehicle: [Insert Vehicle Year/Make/Model]

Dear [Insert Policyholder Name],

This is an important reminder regarding your auto insurance policy. Our records indicate that we have not yet received your payment of $[Insert Amount Due], which was originally due on [Insert Original Due Date].

Your policy is currently in its grace period. However, this grace period is scheduled to expire on **[Insert Expiration Date] at 12:01 AM**. If payment is not received by this time, your coverage will be terminated for non-payment.

Consequences of a Lapsed Policy:

- You will be driving without legal insurance coverage.
- You may be personally liable for damages in the event of an accident.
- Your vehicle registration may be suspended by the state.
- Future insurance premiums may increase significantly due to a lapse in coverage.

To keep your policy active and avoid cancellation, please make a payment immediately using one of the following methods:

- Online: [Insert Website URL]
- Phone: [Insert Phone Number]
- Mobile App: [Insert App Name]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department at [Insert Phone Number] to discuss available options.

Sincerely,

[Insert Name/Department]
[Insert Insurance Agency Name]