FINAL NOTICE OF CANCELLATION

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Type of Insurance: Inland Marine

To: [Insured Name]
[Address Line 1]
[Address Line 2]

Dear [Insured Name],

This letter serves as formal notification that your Inland Marine insurance policy listed above is scheduled for cancellation effective **[Cancellation Date]** at 12:01 A.M. Standard Time.

Reason for Cancellation: [Insert Reason, e.g., Non-payment of premium / Failure to provide required documentation]

To prevent this cancellation and maintain your coverage for your equipment, cargo, or property, we must receive [Insert Requirement, e.g., payment in the amount of $0.00] no later than [Insert Deadline Date].

Please note that if the requirements are not met by the deadline, your coverage will cease, and any claims occurring after the cancellation date will not be honored. If your property is subject to a lien or lease agreement, we are required to notify the loss payee or certificate holder of this termination.

If you have already sent your payment or completed the necessary requirements, please contact our office immediately at [Phone Number] to confirm receipt.

Sincerely,

[Agent/Company Name]
[Contact Title]
[Phone Number]