[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION

Policy Number: [Policy Number]
Professional Liability Coverage

Dear [Policyholder Name],

This letter serves as formal notification that your professional liability insurance policy has been cancelled effective [Date], due to non-payment of the required premium.

Our records indicate that the payment for the period of [Date] to [Date] was not received by the final grace period deadline of [Deadline Date]. As a result, all coverage under this policy is now terminated.

Please be advised that any incidents, claims, or potential claims occurring after the effective cancellation date will not be covered by this policy. We recommend that you obtain alternative coverage immediately to avoid a lapse in your professional protection.

If you have already sent your payment, or if you believe this notice has been sent in error, please contact our Billing Department immediately at [Phone Number] or [Email Address].

Sincerely,

[Name of Sender/Department]
[Company Name]