

Non-Payment Insurance Cancellation Notice

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

Date: [Insert Date]

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

Dear [Recipient Name],

We are writing to inform you that your insurance policy for [Commercial Property Address/Description] has been canceled due to non-payment of premiums. As of [Date], our records indicate that the premium payment due on [Due Date] has not been received.

Please be advised that your policy coverage has ended, and there is no longer any insurance protection for the mentioned property. If you believe this cancellation is in error or have already submitted payment, please contact us immediately at [Phone Number] or [Email Address].

We urge you to make the necessary payments promptly, or if needed, discuss your options for reinstating your coverage.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Title]
[Your Company Name]