

Non-Payment Insurance Cancellation Notice

[Your Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

[Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We regret to inform you that your homeowners insurance policy #[Policy Number] will be cancelled effective [Cancellation Date] due to non-payment of premiums.

As of the date of this letter, your account shows an outstanding balance of [Amount Due]. We have previously sent you reminders regarding this payment, but it has not been received.

If you believe this is an error, or if you wish to discuss this matter, please contact us immediately at [Customer Service Phone Number] or [Customer Service Email].

We appreciate your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Insurance Company Name]