

Non-Payment Insurance Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Notice of Cancellation of Life Insurance Policy Due to Non-Payment

Dear [Insured's Name],

This letter serves as a formal notice regarding the cancellation of your life insurance policy (Policy Number: [Policy Number]) due to non-payment of premiums. As of [Insert Due Date], we have not received the payment that was due.

According to the terms of your policy, failure to pay premiums on time can result in cancellation. As of the date of this notice, your policy has been canceled effective immediately.

If you believe this cancellation has occurred in error, or if you wish to discuss this matter further, please contact us at [Insurance Company Phone Number] or [Insurance Company Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]