

Non-Payment Insurance Cancellation Notice

Date: [Insert Date]

To: [Insured's Name]

[Insured's Address]

[City, State, Zip]

Policy Number: [Insert Policy Number]

Dear [Insured's Name],

We regret to inform you that your renters insurance policy will be canceled due to non-payment of the premium due on [Insert Due Date]. Despite our previous communications regarding this matter, we have not received the payment required to keep your policy active.

Please be aware that if we do not receive payment by [Insert Final Payment Deadline], your rent insurance policy will be officially canceled as of [Insert Cancellation Date]. We strongly encourage you to remit payment as soon as possible to avoid coverage disruption.

If you have recently sent your payment, please disregard this notice.

Should you have any questions or wish to discuss this matter, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip]