

# Non-Payment Insurance Cancellation Notice

Policyholder Name: [Policyholder's Name]

Policy Number: [Policy Number]

Address: [Policyholder's Address]

Date: [Current Date]

Dear [Policyholder's Name],

We are writing to inform you that your specialty insurance policy with us, policy number [Policy Number], is scheduled for cancellation due to non-payment. As of [Last Payment Due Date], we have not received your premium payment of [Amount Due].

Please note that if the outstanding payment is not received by [Final Payment Deadline], your policy will be canceled as of [Cancellation Effective Date]. This cancellation may result in a loss of coverage for the duration of the policy period.

To avoid cancellation, please remit payment immediately using the following options:

- Online Payment: [Payment link or instructions]
- Phone Payment: [Phone Number]
- Mail Payment: [Mailing Address]

If you have any questions or believe this notice has been sent in error, please contact our office at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]