

Cancellation Notice

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Policyholder Name],

This letter serves as formal notification of the cancellation of your insurance policy due to the non-payment of premiums. Our records indicate that the premium due on [Insert Due Date] has not been received.

Please be advised that your policy will be effective until [Insert Cancellation Date]. If payment is received by that date, coverage will continue. Otherwise, benefits under the policy will cease as of that date.

If you believe this cancellation is in error, or if you would like to discuss payment options, please contact our customer service department at [Insert Phone Number] or [Insert Email Address].

We hope to resolve this matter promptly.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]