

Final Notice of Policy Lapse Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to notify you that your insurance policy, [Policy Number], is at risk of cancellation due to non-payment of premiums. Our records indicate that payment was due on [Due Date], and as of today, we have not received the necessary payment.

This is your final notice. If payment is not received by [Final Deadline Date], your policy will be canceled as per the terms outlined in your policy agreement.

If you have already submitted your payment, please disregard this notice. Otherwise, we urge you to contact us immediately to rectify the situation and ensure your coverage remains active.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]