## **Warning Letter for Policy Termination**

Date: [Insert Date]

To, [Recipient's Name] [Recipient's Address] [City, State, Zip Code]

Subject: Warning of Policy Termination due to Non-Renewal

Dear [Recipient's Name],

This letter serves as a formal warning regarding the impending termination of your insurance policy with [Insurance Company Name], Policy Number: [Policy Number]. Our records indicate that you have not completed the necessary steps to renew your policy before the expiration date, which is [Expiration Date].

Please be aware that unless we receive the required documentation and payment for renewal by [Final Renewal Date], your policy will be considered terminated, and you will lose coverage.

If you have any questions or require assistance in the renewal process, please do not hesitate to contact us at [Contact Information]. We value your patronage and hope to continue serving your insurance needs.

Sincerely, [Your Name] [Your Position] [Insurance Company Name]