

# Final Notice of Auto Insurance Termination

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Address: [Insert Address]

City, State, Zip Code: [Insert City, State, Zip Code]

Dear [Policyholder Name],

This letter serves as a final notice regarding the termination of your auto insurance policy with us, policy number [Insert Policy Number]. Despite our previous communications, we have not received the necessary payment or resolution regarding your account.

Please be advised that if payment or the required action is not completed by [Insert Deadline Date], your policy will be officially terminated as of [Insert Termination Date]. You will no longer have coverage for your vehicle and will be responsible for any claims or accidents that may occur after this date.

If you believe this notice has been sent in error or wish to discuss your account, please contact us immediately at [Insert Contact Number] or [Insert Email Address].

We value your business and hope to resolve this matter swiftly.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Phone Number]

[Company Email Address]