

Insurance Policy Termination Warning

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy #[Insert Policy Number] is at risk of termination due to [specific reason, e.g., non-payment, failure to provide required documents, etc.]. According to our records, the following issue needs to be addressed:

- [List specific issue or overdue payment]

Please take immediate action to rectify the issue by [Insert Deadline Date]. Failure to do so may result in the termination of your insurance policy.

If you have already addressed this matter, please disregard this notice. Should you have any questions or require assistance, do not hesitate to contact us at [Insert Contact Details].

Thank you for your immediate attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]