[Date]

[Current Insurance Company Name]
[Policy Number]
[Address]
[City, State, Zip Code]

RE: Notice of Non-Renewal / Cancellation of Commercial Liability Insurance

To Whom It May Concern,

Please accept this letter as formal notification that we will be changing our Commercial Liability Insurance carrier effective [Date].

We request the following:

- Termination of policy [Policy Number] effective [Time] on [Date].
- A final premium audit (if applicable) to be scheduled at your earliest convenience.
- Confirmation of the cancellation and details regarding any pro-rata premium refunds due to us.
- A copy of our loss runs for the past [Number] years sent to [Email Address or Mailing Address].

Please send all future correspondence and confirmation of this cancellation to:

[Company Name]
[Attention Name/Department]
[Address]
[City, State, Zip Code]

Thank you for your services during our coverage period.

Sincerely,

[Authorized Signature]

[Printed Name]
[Title]
[Phone Number]