[Date]

[Current Insurance Company Name]
[Policy Number]
[Company Address]

Subject: Formal Notice of Policy Cancellation and Carrier Replacement

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced insurance policy effective [Date of Cancellation].

We have decided to replace our coverage with a new carrier effective immediately upon the cancellation date to ensure there is no lapse in coverage. This decision is based on [Brief reason, e.g., a restructuring of our insurance program / more competitive terms].

Regarding this cancellation, we request the following:

- A pro-rata refund of any unearned premiums paid for the remainder of the policy term.
- Confirmation of the cancellation date and the final status of the account.
- A formal loss run report for the period the policy was active.

Please forward the refund check and any closing documentation to:

[Your Company Name]
[Your Mailing Address]
[City, State, Zip Code]

Thank you for your services during the past term.

Sincerely,

[Authorized Signature]
[Printed Name]
[Title]
[Phone Number]

CC: [Insurance Broker Name]