

[Date]

[Insured Name]
[Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF IMPENDING CANCELLATION OF COMMERCIAL LIABILITY INSURANCE

Policy Number: [Policy Number]
Policy Period: [Start Date] to [End Date]

Dear [Insured Name],

This letter serves as formal notice that your Commercial General Liability policy listed above is scheduled to be cancelled effective [**Cancellation Date**] at 12:01 A.M. local time.

Reason for Cancellation: [Insert Reason, e.g., Non-payment of premium / Material change in risk / Failure to comply with audit requirements]

To prevent this cancellation and maintain continuous coverage, you must take the following action(s) by [**Due Date**]:

- [Action Item 1, e.g., Submit payment in the amount of \$0.00]
- [Action Item 2, e.g., Provide requested documentation]

If the requirements above are not met by the specified date, your coverage will cease, and no claims occurring after the cancellation date will be honored. Please note that a gap in coverage may result in higher premiums or difficulty obtaining insurance in the future.

If you have already sent payment or addressed the reason for this notice, please contact our office immediately at [Phone Number] or [Email Address] to verify the status of your policy.

Sincerely,

[Sender Name]
[Title]
[Insurance Company/Agency Name]