

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

[Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF INSURANCE POLICY

Policy Number: [Policy Number]
Type of Insurance: [Type of Insurance, e.g., Auto, Home]
Effective Date of Cancellation: [Date of Cancellation]

Dear [Policyholder Name],

Please be advised that [Company Name] is hereby canceling the insurance policy referenced above. This cancellation is effective as of [Time, e.g., 12:01 AM] on [Date of Cancellation].

This action is being taken due to material misrepresentation(s) discovered regarding your application or policy. Specifically:

[Provide brief description of the misrepresentation, e.g., Failure to disclose previous claims history / Incorrect garage location / Undisclosed household residents].

Because this information was not accurately disclosed at the time of application, the risk does not meet our underwriting guidelines. Had the company been aware of the true facts, the policy would not have been issued or would have been issued under different terms.

Any unearned premium will be refunded to you under separate cover in accordance with state regulations. If your premium was financed, the refund will be sent to the finance company.

We recommend that you contact an insurance agent or another carrier immediately to secure replacement coverage to avoid any lapse in insurance protection.

Sincerely,

[Authorized Signature]
[Name of Representative]
[Title]

Copy to: [Agent Name / Lienholder Name]