

[Your Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: NOTICE OF CANCELLATION OF INSURANCE POLICY

Policy Number: [Policy Number]

Effective Date of Cancellation: [Date]

Dear [Policyholder Name],

This letter serves as formal notice that [Your Company Name] is canceling your automobile insurance policy effective [Time] on [Date].

The reason for this cancellation is the discovery of an **undisclosed driver** residing in your household or regularly operating the insured vehicle. Under the terms of your policy agreement, all licensed household members and regular operators must be disclosed at the time of application or when they begin operating the vehicle. Failure to disclose this information constitutes a material misrepresentation of risk.

Any claims filed after the effective date of cancellation will not be covered. If you have prepaid your premium, a refund check for the unearned portion will be mailed to you separately within [Number] business days.

We recommend that you obtain replacement insurance coverage immediately to avoid a lapse in coverage and to comply with state financial responsibility laws.

If you believe this information is incorrect or if you have any questions, please contact our underwriting department at [Phone Number] before the cancellation date.

Sincerely,

[Name of Representative]
[Title]
[Your Company Name]