[Date]

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

RE: Signature Required for Commercial Liability Policy Cancellation

Policy Number: [Policy Number]
Carrier: [Insurance Company Name]
Effective Date of Cancellation: [Date]

Dear [Client Name],

Following our recent discussion, we have processed the request to cancel your Commercial General Liability insurance policy. To finalize this request with the insurance carrier, your signature is required on the attached cancellation form (Lost Policy Release).

Please review the attached document and sign where indicated. Once signed, please return the document to our office via one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

Please note that the insurance carrier cannot process any applicable premium refunds until this signed document is received.

If you have any questions or if your coverage needs have changed, please contact me directly at [Phone Number].

Sincerely,

[Your Name]
[Your Title]
[Agency Name]