[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Address Line 1]
[City, State, Zip Code]

RE: NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]
Effective Date of Cancellation: [Date of Cancellation]

Dear [Policyholder Name],

This letter serves as formal notification that [Company Name] is canceling your insurance policy, effective [Date of Cancellation] at [Time, e.g., 12:01 AM].

This decision was made due to a material misrepresentation of risk discovered during our recent review of your account. Specifically, it was determined that the information provided regarding [Specific Details of Misrepresentation, e.g., vehicle usage, previous claims history, or property condition] was inaccurate or incomplete.

Had the risk been accurately disclosed at the time of application, the policy would not have been issued, or would have been issued under different terms and premiums.

Any unearned premium paid for the period following the effective date of cancellation will be refunded to you via [Method of Refund] within [Number] business days.

We recommend that you obtain replacement coverage immediately to avoid a lapse in insurance protection. If you believe this decision has been made in error, you may submit a written appeal or additional documentation to our underwriting department at [Email Address/Mailing Address] by [Deadline Date].

Sincerely,

[Name of Representative]
[Title]
[Department]