[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Policy Cancellation

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

Dear [Insured Name],

We are writing to formally notify you that your insurance policy referenced above will be cancelled effective [Time, e.g., 12:01 AM] on [Date].

This decision was made following a comprehensive review of your account history. Our records indicate that your policy has incurred multiple claims within a short period of time. Specifically, the following claims were considered in this decision:

- [Date of Claim] - [Type of Claim]
- [Date of Claim] - [Type of Claim]
- [Date of Claim] - [Type of Claim]

Due to the frequency of these losses, your policy no longer meets our current underwriting guidelines for continued coverage.

Your coverage will remain in effect until the cancellation date stated above. We recommend that you obtain replacement insurance immediately to avoid any lapse in coverage. Any unearned premium paid for the period after the cancellation date will be refunded to you under separate cover.

If you believe there is an error in our records or if you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name of Sender]
[Title]
[Insurance Company Name]