[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

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

RE: NOTICE OF POLICY CANCELLATION
Policy Number: [Policy Number]
Effective Date of Cancellation: [Date]

Dear [Recipient Name],

This letter serves as formal notification that your insurance policy [Policy Number] is being cancelled effective [Date].

This action is being taken due to a breach of contract regarding the following terms and conditions: [State specific breach, e.g., non-payment, misrepresentation of facts, or failure to maintain safety standards].

Under the terms of our agreement, specifically Section [Section Number/Name], this breach constitutes grounds for immediate termination of coverage. As of the effective date mentioned above, all coverage under this policy will cease, and we will no longer be liable for any claims occurring after that time.

[Optional: Any unearned premium will be refunded to you within [Number] days via [Method of Payment].]

Please ensure that you secure alternative coverage to avoid any lapse in protection. If you believe this cancellation has been issued in error, please contact our department immediately at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]