

## **FINAL NOTICE OF CANCELLATION**

**Date:** [Insert Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

### **Re: Notice of Cancellation of Marine Insurance Policy**

**Policy Number:** [Insert Policy Number]

**Vessel Name:** [Insert Vessel Name/HULL ID]

**Effective Date of Cancellation:** [Insert Date and Time]

Dear [Policyholder Name],

This letter serves as formal and final notification that your marine insurance policy referenced above is being cancelled effective [Insert Date] at [Insert Time, e.g., 12:01 A.M. Standard Time].

This action is being taken due to: [Insert Reason, e.g., Non-payment of premium / Request by the insured / Material misrepresentation].

Please be advised that as of the effective date mentioned above, all coverage for the vessel, cargo, and liabilities associated with this policy will cease. Any claims arising from incidents occurring after this date will not be covered.

#### **Premium Refund Information:**

[Option A: Any unearned premium will be refunded to you shortly via your original payment method.]

[Option B: No refund is due as the policy was cancelled for non-payment of premium.]

To avoid a lapse in coverage, we strongly recommend that you secure alternative insurance immediately. Operating a vessel without valid insurance may put you in violation of maritime regulations or financing agreements.

If you believe this notice has been sent in error, or if you wish to discuss reinstatement (if applicable), please contact our office immediately at [Insert Phone Number].

Sincerely,

[Your Name/Department]

[Insurance Company Name]

[Contact Information]