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

[Date]

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

RE: Notice of Cancellation Confirmation

Policy Number: [Policy Number]
Effective Date of Cancellation: [MM/DD/YYYY] at 12:01 A.M.

Dear [Insured Name/Contact Name],

This letter serves as formal confirmation that your Commercial Auto Insurance policy listed above has been cancelled effective [Cancellation Date].

As of the effective date and time, all coverage for the vehicles and drivers listed under this policy has ceased. Please ensure that all drivers are notified and that alternative insurance arrangements have been made to comply with state laws and avoid any lapse in coverage.

Premium Status:
[ ] You will receive a separate notice regarding any return premium due to you.
[ ] A final invoice for the remaining balance of $[Amount] is attached and due by [Date].

If you believe this cancellation has been made in error or if you wish to discuss reinstatement options, please contact your agent or our customer service department immediately at [Phone Number].

Thank you for the opportunity to have served your business needs.

Sincerely,

[Your Name/Department]
[Company Name]