[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation
Policy Number: [Policy Number]
Insured Name: [Your Business Name]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced Commercial General Liability insurance policy.

The effective date of this cancellation should be [Cancellation Date]. Please cease all coverage and stop any future premium withdrawals from this date forward.

I request a confirmation of this cancellation and a statement regarding any unearned premium or pro-rata refund due to my business. Please mail the confirmation and any applicable refund check to the following address:

[Mailing Address for Refund]
[City, State, Zip Code]

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]

[Printed Name]
[Title/Position]
[Phone Number]