[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Policyholder Name]
[Policyholder Business Name]
[Policyholder Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF COMMERCIAL LIABILITY INSURANCE

Dear [Policyholder Name],

Please be advised that your Commercial General Liability insurance policy, listed below, is being cancelled.

Policy Number: [Policy Number]
Insurance Carrier: [Insurance Company Name]
Effective Date of Cancellation: [Cancellation Date] at 12:01 A.M. Standard Time

Reason for Cancellation:
[Insert Reason, e.g., Non-payment of premium / Underwriting reasons / Insured request]

As of the effective date of cancellation mentioned above, all coverage under this policy will cease. This means your business will no longer be protected against claims or lawsuits arising from incidents occurring after this date.

If this cancellation is due to non-payment, you may be able to reinstate coverage by submitting the full balance of $[Amount Due] before the cancellation date. Please contact our office immediately if you wish to discuss payment options or if you believe this notice was sent in error.

If you intend to continue business operations, we strongly recommend that you secure alternative coverage immediately to avoid a lapse in protection.

Sincerely,

[Agent Name]
[Agency Name]