**NOTICE OF CANCELLATION OF INSURANCE**

Date: [Current Date]
Policy Number: [Policy Number]
Insured Name: [Insured Name]
Mailing Address: [Insured Mailing Address]

Dear [Insured Name],

We are writing to inform you that your Commercial Liability insurance policy listed above is being cancelled.

**Effective Date of Cancellation:** [Date of Cancellation]

**Reason for Cancellation:**
[Insert Specific Underwriting Reason, e.g., Substantial change in the risk assumed, Failure to comply with loss control recommendations, Material misrepresentation, Non-payment of premium]

The coverage provided by this policy will cease at 12:01 A.M. on the effective date of cancellation shown above. Any unearned premium will be refunded to you in accordance with the terms of your policy.

We recommend that you contact your insurance agent or broker immediately to arrange for alternative coverage to ensure there is no lapse in your protection.

If you have any questions regarding this notice, please contact your agent or our underwriting department at [Phone Number].

Sincerely,

[Underwriter Name]
[Insurance Company Name]
[Company Address]