[Your Name/Business Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Insurance Agent/Broker Name]
[Address]
[City, State, Zip Code]

RE: Notice of Non-Renewal / Cancellation of Commercial Liability Policy

Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Expiration Date of Current Term]

To Whom It May Concern,

Please accept this letter as formal notification that I do not wish to renew the above-referenced Commercial General Liability policy. I am requesting that the policy be canceled effective as of the end of the current term, which is [Expiration Date].

Please stop all automatic payments or premium withdrawals associated with this policy effective immediately following the final payment for the current term. I understand that coverage will cease at 12:01 AM on the date indicated above.

Please send a written confirmation of this cancellation and a final statement of account to the mailing address listed above.

Thank you for your assistance regarding this matter.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]