[Date]

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

RE: NOTICE OF CANCELLATION OF COMMERCIAL LIABILITY INSURANCE

Policy Number: [Policy Number]
Effective Date of Cancellation: [Cancellation Date]

Dear [Insured Name],

Please be advised that [Insurance Company Name] is electing to cancel the above-referenced commercial liability insurance policy effective [Cancellation Date] at [Time, e.g., 12:01 AM].

This action is being taken due to a material change in risk. Specifically, [Description of the change in risk, e.g., change in business operations, increased hazard, or physical alterations to the premises] has occurred, which no longer meets the underwriting guidelines of this company.

Insurance coverage will remain in effect until the date and time specified above. We recommend that you contact your insurance agent or broker immediately to secure alternative coverage to avoid any lapse in protection.

Any unearned premium will be refunded in accordance with the terms of your policy and local regulations.

Sincerely,

[Sender Name/Underwriter]
[Insurance Company Name]
[Contact Information]