[Date]

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

RE: NOTICE OF CANCELLATION OF COMMERCIAL LIABILITY POLICY

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

Dear [Insured Name],

This letter serves as formal notice that your Commercial General Liability insurance policy listed above is being cancelled.

Reason for Cancellation: Breach of Policy Conditions.

Specifically, the following condition(s) of the policy contract have been violated:
[Insert specific details of the breach, e.g., failure to provide requested audit documentation, failure to implement required safety measures, or unauthorized change in business operations].

Coverage will terminate at 12:01 A.M. on [Cancellation Date]. Any claims occurring after this time and date will not be covered under this policy.

If you have any questions regarding this notice or believe this action has been taken in error, please contact your agent or our underwriting department immediately at [Phone Number].

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

Sincerely,

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

CC: [Insurance Agent/Broker Name]