DATE: [Insert Date]

TO:
[Policyholder Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF COMMERCIAL LIABILITY INSURANCE
Policy Number: [Insert Policy Number]
Effective Date of Cancellation: [Insert Date]

Dear [Policyholder Name],

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

Reason for Cancellation: Failure to Comply with Policy Terms and Conditions.

Specifically, you have failed to comply with the following requirement(s):
[Insert specific details, e.g., failure to provide requested audit documentation, failure to implement required safety improvements, or failure to allow inspection].

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

If you have already rectified this issue, please contact your agent immediately at [Insert Phone Number] to discuss the possibility of reinstatement. If a return premium is due, a check or credit will be issued to you shortly under separate cover.

Please contact your insurance agent or broker immediately to secure alternative coverage and ensure there is no lapse in your protection.

Sincerely,

[Name of Insurance Company/Underwriter]
[Authorized Signature]
[Title]

CC: [Agent/Broker Name]