Date: [Insert Date]

To: [Insurance Company Name]
Attn: [Agent Name or Billing Department]
Address: [Insurance Company Address]

RE: Notice of Cancellation of Commercial Liability Policy
Policy Number: [Insert Policy Number]
Insured Name: [Insert Business Name]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced commercial liability insurance policy. This cancellation is due to the permanent closure of the business.

The effective date of this cancellation should be **[Insert Cancellation Date]**. Please stop all automatic debits or premium billing as of this date.

Please send a written confirmation of the cancellation and any prorated refund for unearned premiums to the following mailing address:

[Insert Forwarding Address for Refund/Correspondence]
[City, State, Zip Code]

If you require any further documentation regarding the business dissolution to process this request, please contact me at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title, e.g., Owner/President]