

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

[Date]

[Insurance Company Name]
[Policy Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Workers' Compensation Policy

Policy Number: [Policy Number]

To Whom It May Concern,

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

The effective date of this cancellation should be **[Date of Business Closure]**. Please ensure that all coverage is terminated as of 11:59 PM on this date.

I understand that a final audit of our payroll records may be required to settle the account. Please send all final audit requests, premium refund checks, or final invoices to the following forwarding address:

[Forwarding Address]
[City, State, Zip Code]

Please provide written confirmation of this cancellation for our records. If you require any additional documentation regarding the dissolution of the business, please contact me directly at [Phone Number].

Thank you for your assistance.

Sincerely,

[Signature]
[Printed Name]