

**[Date]**

**[Policyholder Name]**

[Policyholder Address]

[City, State, Zip Code]

**RE: NOTICE OF CANCELLATION OF WORKERS' COMPENSATION INSURANCE**

Policy Number: [Policy Number]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

Please be advised that your Workers' Compensation insurance policy referenced above is hereby canceled effective at 12:01 A.M. on [Cancellation Date].

The reason for this cancellation is **Material Misrepresentation**. Specifically, it has been determined that the information provided during the application or policy period regarding [Describe specific misrepresentation, e.g., payroll size, nature of business operations, or loss history] was inaccurate or withheld.

As a result of this misrepresentation, the risk associated with this policy no longer meets our underwriting guidelines. Any unearned premium will be calculated and returned to you in accordance with state regulations and policy provisions.

Please be aware that most states require employers to maintain Workers' Compensation insurance for their employees. Failure to obtain replacement coverage by the effective date of this cancellation may result in legal penalties and personal liability for workplace injuries.

If you believe this information is in error or wish to dispute this decision, please contact our underwriting department at [Phone Number] or [Email Address] immediately.

Sincerely,

[Name of Insurance Company]

[Authorized Representative Name]

[Title]

cc: [Agent/Broker Name]