

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

**Subject: Notice of Cancellation - Policy #[Policy Number]**

Dear [Policyholder Name],

This letter serves as formal notice that your automobile insurance policy listed above will be canceled effective [Cancellation Date] at [Time, e.g., 12:01 AM].

The reason for this cancellation is your failure to provide a certified copy of your official driving record (Motor Vehicle Report), as requested in our previous correspondence dated [Date of original request].

Under the terms of your policy agreement, providing an updated driving record is a requirement for maintaining coverage and determining eligibility. Because we have not received this documentation, we are unable to continue your insurance coverage.

To avoid a lapse in coverage, please ensure you obtain new insurance before the cancellation date listed above. If you provide the required driving record before [Reinstatement Deadline Date], we may be able to review your file for potential reinstatement, though this is not guaranteed.

Any unearned premium paid for the period after the cancellation date will be refunded to you via [Method of Refund] within [Number] business days.

If you have any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Underwriter Name/Company Representative]

[Insurance Company Name]