

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Agent Name]
[Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Commercial General Liability Insurance

Policy Number: [Enter Policy Number]
Effective Date of Cancellation: [Enter Date]

To Whom It May Concern,

I am writing to formally request the cancellation of the above-referenced Commercial General Liability insurance policy, effective as of [Date].

The reason for this cancellation is the business's failure to provide and maintain a valid business license as required by the underwriting terms of the policy. Since the necessary licensing documentation cannot be provided at this time, we are terminating the coverage.

Please process this cancellation and issue a pro-rata refund of any unearned premiums to the mailing address listed above. I also request a written confirmation of the cancellation and the final status of the account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]