

[Date]

[Policyholder Name]

[Address]

[City, State, Zip Code]

RE: Notice of Policy Cancellation

Policy Number: [Policy Number]

Dear [Policyholder Name],

We are writing to inform you that your insurance policy listed above will be cancelled effective **[Cancellation Date]** at 12:01 AM.

This action is being taken due to your failure to provide the required Proof of Prior Coverage. As stated during your application process and in our previous correspondence dated [Date of Previous Request], this documentation was a mandatory condition for maintaining your policy and/or receiving the applied premium rate.

Because we have not received the necessary verification of your previous insurance history, you no longer meet our underwriting requirements for this policy.

What you need to do:

- If you have obtained insurance elsewhere, please ensure there is no lapse in your coverage.
- If you believe this is an error and can provide proof of prior coverage immediately, please contact us at [Phone Number] or email the documents to [Email Address] before the cancellation date.

Any unearned premium will be refunded to you via [Method of Refund] within [Number] business days.

Sincerely,

[Sender Name/Department]

[Insurance Company Name]

[Contact Information]