

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

**RE: NOTICE OF CANCELLATION**

Policy Number: [Policy Number]

Property Address: [Risk Address]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

This letter serves as formal notice that your insurance coverage under the policy number listed above will be canceled effective at 12:01 A.M. on [Cancellation Date].

This action has been taken due to non-compliance with the required inspection recommendations issued on [Date of Inspection Report]. Specifically, the following safety or maintenance improvements were not completed by the required deadline:

- [Description of Recommendation 1]
- [Description of Recommendation 2]

As these conditions increase the risk of loss beyond an acceptable level, we are unable to continue providing coverage. Any unearned premium will be refunded to you or your mortgagee shortly, as applicable.

We recommend that you contact your insurance agent immediately to secure alternative coverage to avoid any lapse in protection.

If you have completed the repairs and can provide proof (such as photos or receipts) before the cancellation date, please submit them to [Email/Department] for reconsideration.

Sincerely,

[Name of Representative/Underwriter]

[Company Name]

[Phone Number]