

FINAL NOTICE OF CANCELLATION

Date: [Insert Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Re: Notice of Insurance Cancellation

Policy Number: [Insert Policy Number]

Property Address: [Insert Vacant Property Address]

Effective Date of Cancellation: [Insert Date] at 12:01 AM

Dear [Policyholder Name],

This letter serves as formal notification that your insurance coverage for the property located at the address above will be cancelled effective [Insert Date].

This action is being taken due to the following reason(s):

- The property has remained vacant beyond the timeframe permitted under the terms of the policy.
- Failure to meet underwriting requirements for vacant structures.
- [Optional: Insert other specific reason].

Please be advised that all coverage provided by this policy will cease on the effective date and time listed above. We recommend that you immediately seek alternative insurance coverage specifically designed for vacant properties to ensure your assets remain protected.

If you have recently occupied the property or have proof of a new tenancy, please contact our office immediately at [Insert Phone Number] to discuss the status of your policy. Any unearned premium will be refunded to you via [Method of Refund] within [Number] business days.

Sincerely,

[Name of Agent/Representative]

[Insurance Company Name]

[Contact Information]