[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF POLICY CANCELLATION

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

Dear [Policyholder Name],

Please be advised that your insurance policy listed above will be canceled effective [Time, e.g., 12:01 AM] on [Date of Cancellation].

This action is being taken due to the suspension of the driver's license for the following individual(s) covered under this policy:

Name: [Driver Name]
License Number: [License Number]

Under the terms of your policy and state regulations, a valid driver's license is a requirement for maintaining coverage. Since the license status is currently "Suspended," we are unable to continue providing insurance for this risk.

To prevent a lapse in coverage, we recommend you seek alternative insurance immediately. If your license is reinstated before the cancellation date, please provide official documentation from the Department of Motor Vehicles (DMV) to our office immediately so we may review your file for possible reinstatement.

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

Sincerely,

[Your Name/Company Representative]
[Insurance Company Name]
[Contact Phone Number]