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

Date: [Date]

RE: FINAL NOTICE OF POLICY CANCELLATION

Policyholder: [Policyholder Name]
Policy Number: [Policy Number]
Vehicle: [Year, Make, Model]
Effective Date of Cancellation: [Cancellation Date and Time]

Dear [Policyholder Name],

This letter serves as formal and final notification that your automobile insurance policy will be cancelled effective **[Cancellation Date]** at **[Time, e.g., 12:01 AM]**.

Reason for Cancellation:
This action is being taken due to the suspension of your driver's license. Our underwriting guidelines require all active drivers on a policy to maintain a valid and active driver's license. Records indicate that your license was suspended on [Date of Suspension] by [State Department of Motor Vehicles].

Impact of Cancellation:
As of the effective date mentioned above, you will no longer have insurance coverage through [Insurance Company Name]. Operating a motor vehicle without insurance is a violation of state law and may result in further legal penalties, fines, or seizure of your vehicle.

Refunds:
Any unearned premium paid beyond the cancellation date will be refunded to you via [Check/Original Payment Method] within [Number] business days.

Next Steps:
If you believe this information regarding your license status is in error, you must provide official documentation from the Department of Motor Vehicles showing your license is valid prior to the cancellation date. To avoid a lapse in coverage, we recommend you seek alternative insurance arrangements immediately.

If you have any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Sender Name/Department]
[Insurance Company Name]