[Current Date]

[Policyholder Name]
[Policyholder Address]
[City, State, Zip Code]

Subject: Notice of Cancellation of Insurance Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to formally notify you that your automobile insurance policy with [Company Name] will be cancelled effective [Date of Cancellation] at [Time, e.g., 12:01 AM].

This action has been taken due to a discovery during a recent motor vehicle record review indicating that your driver's license has been suspended. Per the terms and conditions of your policy, a valid driver's license is a requirement for maintaining coverage. The specific details of the suspension are as follows:

- State of Issuance: [State]
- Date of Suspension: [Date]
- Reason for Suspension: [Reason, if applicable]

If you believe this information is incorrect, please provide official documentation from the Department of Motor Vehicles (DMV) showing your license is in good standing by [Deadline Date].

Please note that driving without insurance is a violation of state law. We recommend you seek alternative coverage immediately or resolve your licensing status. Any unearned premium paid for the period after the cancellation date will be refunded to you via [Method of Refund] within [Number] business days.

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

Sincerely,

[Your Name/Department Name]
[Company Name]