[Date]

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

RE: Notice of Cancellation - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to formally notify you that your insurance policy listed above will be cancelled effective **[Cancellation Date]** at 12:01 A.M.

After a recent review of your driving record by our underwriting department, it was determined that your driver's license is currently **suspended**. Under our underwriting guidelines, a valid driver's license is a requirement for maintaining coverage with [Insurance Company Name].

If your license is reinstated before the cancellation date, please provide official documentation from the Department of Motor Vehicles (DMV) to our office immediately. We will review the information to determine if the policy can be reinstated.

If you have already paid premiums beyond the cancellation date, a refund check for the unearned portion of your premium will be mailed to you within [Number] business days.

We recommend that you secure alternative insurance coverage immediately to avoid any lapse. Please contact your agent at [Agent Phone Number] if you have any questions regarding this notice.

Sincerely,

[Underwriter Name/Signature]
[Insurance Company Name]
[Department Name]