[Date]

[Insured Name]
[Business Name]
[Street Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Commercial Auto Insurance Policy

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

Dear [Insured Name/Policyholder],

This letter serves as official notification that your commercial auto insurance policy listed above will be canceled effective at 12:01 AM on [Cancellation Date].

The reason for this cancellation is the suspension of the driver's license of the following individual(s) listed on the policy:

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

Per the terms of your policy agreement, all operators of insured vehicles must maintain a valid driver's license. The suspension of a license constitutes a material change in risk and a violation of policy conditions.

Please be advised that any claims occurring after the effective date of cancellation will not be covered. We recommend that you secure alternative insurance coverage immediately to avoid any lapse in coverage or legal penalties for operating uninsured vehicles.

If you have proof that the license has been reinstated, or if you wish to remove this driver from the policy to maintain coverage, please contact our office at [Phone Number] no later than [Deadline Date].

Any unearned premium will be refunded to you under separate cover in accordance with state regulations.

Sincerely,

[Your Name/Agent Name]
[Insurance Company Name]
[Contact Information]