

[Date]

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

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

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy referenced above will be cancelled effective [Cancellation Date] at 12:01 AM.

This decision is the result of a formal agency restructuring. As part of our current reorganization, we are streamlining our service offerings and will no longer be managing this specific line of coverage. Please note that this cancellation is due to internal business changes and is not a reflection of your claims history or payment standing.

**Important Information Regarding Your Coverage:**

- **Coverage End Date:** Your current protection remains in effect until [Cancellation Date].
- **Unearned Premiums:** Any prepaid premiums for the period following the cancellation date will be refunded to you via [Method of Refund] within [Number] business days.
- **Action Required:** To avoid any lapse in coverage, we recommend that you secure a new policy with another provider prior to [Cancellation Date].

We value the relationship we have had with you and apologize for any inconvenience this restructuring may cause. If you have questions regarding this notice or require documentation to assist in transitioning to a new provider, please contact our office at [Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Your Name/Representative Name]  
[Agency Name]  
[Contact Information]