

[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

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

RE: Notice of Discontinuation of [Insurance Line Name] and Policy Cancellation

Dear [Policyholder Name],

We are writing to formally notify you that [Company Name] has made the strategic decision to discontinue offering [Type of Insurance, e.g., Professional Liability] insurance coverage. As a result of this line discontinuation, your policy will be cancelled effective [**Cancellation Date**].

Policy Details:

Policy Number: [Policy Number]
Coverage Type: [Coverage Type]
Expiration/Cancellation Date: [Cancellation Date]

Your coverage will remain in full force until 11:59 PM on the cancellation date mentioned above. Please ensure that you secure alternative coverage before this date to avoid any lapse in protection.

Next Steps:

1. If you have prepaid premiums beyond the cancellation date, a pro-rated refund check will be mailed to you within [Number] business days.
2. We recommend contacting an insurance broker or visiting [Website/Marketplace] to explore alternative providers for this line of insurance.

If you have any questions regarding this transition or your specific policy, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for your business over the years. We regret any inconvenience this change may cause.

Sincerely,

[Signature]
[Name of Authorized Representative]
[Title]
[Company Name]