

[Date]

[Insured Name]

[Insured Address]

[City, State, Zip Code]

RE: NOTICE OF CANCELLATION

Policy Number: [Policy Number]

Type of Insurance: [Type of Policy, e.g., General Liability]

Effective Date of Cancellation: [Date] at 12:01 A.M.

Dear [Insured Name],

We are writing to formally notify you that your insurance policy referenced above will be cancelled effective [Date].

The reason for this cancellation is that the specific commercial insurance program or policy type is being discontinued by our company. This action is not a reflection of your individual claims history or credit standing, but rather a strategic decision to withdraw this specific product from the market.

Your coverage will remain in effect until the cancellation date and time specified above. Please note the following important information:

- Any unearned premium will be refunded to you or your agent within [Number] business days.
- To avoid a lapse in coverage, we recommend you contact your insurance agent or broker immediately to secure alternative insurance.
- Loss of coverage may impact your compliance with state laws or contractual obligations.

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

Sincerely,

[Authorized Signature]

[Name and Title]

[Insurance Company Name]