[Current Date]

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

RE: Notice of Insurance Policy Cancellation

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

Dear [Policyholder Name],

This letter serves as formal notification that your insurance policy referenced above will be canceled effective [Insert Date] at [Insert Time, e.g., 12:01 AM].

This action is being taken due to non-compliance with the terms and conditions set forth in your policy agreement. Specifically, the cancellation is due to:
[Insert specific reason, e.g., failure to provide requested documentation, failure to allow a required inspection, or failure to remedy safety hazards].

Please be advised that all coverage under this policy will cease on the effective date mentioned above. Any claims occurring after this date will not be covered.

If you have any questions regarding this notice or believe this action has been taken in error, please contact our customer service department immediately at [Insert Phone Number].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]