[Date]

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

RE: NOTICE OF CANCELLATION

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

Dear [Policyholder Name],

Please be advised that your insurance policy listed above is hereby cancelled effective at 12:01 A.M. on [Cancellation Date].

This action has been taken due to a failure to comply with the underwriting recommendations previously provided to you on [Date of Original Request]. Specifically, the following requirements remain outstanding:

- [Requirement 1]
- [Requirement 2]

As these safety or risk management improvements have not been completed, the risk no longer meets our underwriting guidelines.

Any unearned premium will be refunded to you in a separate mailing or credited to your account according to policy terms.

We recommend that you contact your insurance agent immediately to secure alternative coverage to avoid any lapse in protection.

Sincerely,

[Underwriter Name]
[Insurance Company Name]
[Phone Number]