[Date]

[Insured Name / Business Name]
[Mailing Address]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION

Policy Type: [Type of Insurance, e.g., General Liability]
Policy Number: [Policy Number]
Effective Date of Cancellation: [Date]

Dear [Name of Insured],

This letter serves as formal notice that your insurance coverage under the policy number listed above will be cancelled effective [Time, e.g., 12:01 AM] on [Date].

This action is being taken due to non-compliance with the following policy requirements:

[Insert specific reason for non-compliance, e.g.:
- Failure to complete a mandatory safety inspection.
- Failure to provide requested underwriting documentation.
- Failure to comply with loss control recommendations.
- Failure to submit required audit information.]

Coverage will cease entirely on the effective date of cancellation stated above. We recommend that you secure alternative insurance coverage immediately to avoid any lapse in protection.

If you take the following corrective actions by [Deadline Date], we may consider rescinding this cancellation notice: [Insert required actions if applicable].

Any unearned premium will be refunded to you in accordance with the terms of your policy.

Sincerely,

[Name of Sender]
[Title]
[Insurance Company/Agency Name]
[Phone Number]