[Company Header/Logo]

[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF INSURANCE POLICY

Policy Number: [Policy Number]
Policy Period: [Policy Dates]
Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

Please be advised that your insurance coverage under the policy number referenced above will be cancelled effective at 12:01 A.M. on [Cancellation Date].

This action is being taken due to non-compliance with loss control recommendations previously issued on [Date of Original Recommendation Letter]. Despite our prior communications, the following required safety improvements or risk mitigation actions have not been completed:

[List Specific Recommendations Not Met]

As these hazards remain unaddressed, the risk no longer meets our underwriting guidelines. We recommend that you contact your insurance agent immediately to secure alternative coverage to avoid any lapse in protection.

If you complete the required improvements and provide documented proof of compliance before the cancellation date, we may be able to review your policy for reinstatement. However, coverage is not guaranteed.

Please contact our Loss Control Department at [Phone Number] if you have any questions regarding this notice.

Sincerely,

[Underwriter Name/Signature]
[Insurance Company Name]

cc: [Agent/Broker Name]