[Date]

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

RE: Notice of Termination of Insurance Coverage
Policy Number: [Policy Number]
Effective Date of Termination: [Termination Date]

Dear [Policyholder Name],

This letter serves as formal notification that your insurance coverage under the aforementioned policy will be terminated effective [Termination Date] at 12:01 A.M.

This action is being taken due to the failure to address and resolve the mandatory risk recommendations outlined in our previous correspondence dated [Date of Initial Recommendation Letter] and [Date of Follow-up Letter]. Specifically, the following safety improvements were not completed:

- [Requirement 1]
- [Requirement 2]

Our underwriting guidelines require the resolution of these risks to maintain eligibility for coverage. Because these hazards remain unaddressed, we can no longer provide insurance for this risk.

Any unearned premium paid beyond the termination date will be refunded to you within [Number] business days. We recommend that you seek alternative coverage immediately to avoid any lapse in protection.

If you have proof that these recommendations were completed prior to this notice, please contact your agent or our underwriting department at [Phone Number] immediately.

Sincerely,

[Name of Sender]
[Title]
[Insurance Company Name]