[Agency Name]
[Agency Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: NOTICE OF CANCELLATION

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

Dear [Policyholder Name],

Please be advised that your insurance policy listed above is being cancelled by [Insurance Company Name]. This cancellation will take effect at 12:01 AM on [Date of Cancellation].

This action is being taken due to **Safety Non-Compliance**. Specifically, the following safety requirements or recommendations have not been met:

- [Description of specific safety violation or failed inspection report]
- [Description of specific safety violation or failed inspection report]

According to our records, previous requests for compliance were issued on [Date(s) of previous notices], and the necessary corrections have not been verified.

Any unearned premium will be refunded to you in accordance with the terms of your policy and local regulations. To avoid a lapse in coverage, we recommend you secure alternative insurance immediately.

If you have corrected these safety issues and can provide documented proof of compliance before the effective date mentioned above, please contact your agent immediately to discuss the possibility of rescinding this notice.

Sincerely,

[Name of Agent/Representative]
[Title]
[Agency Name]