[Date]

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

RE: NOTICE OF POLICY CANCELLATION

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

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] is cancelling your insurance policy, effective at 12:01 AM on [Cancellation Date].

This decision was made following a thorough review of your account. The reason for this cancellation is your excessive claims history. Specifically, the number and frequency of claims filed under this policy exceed our underwriting guidelines for continued coverage.

Claims involved in this decision include:

- [Date of Loss] - [Type of Claim]
- [Date of Loss] - [Type of Claim]
- [Date of Loss] - [Type of Claim]

Any unearned premium paid beyond the cancellation date will be refunded to you under separate cover within [Number] business days.

We recommend that you seek alternative coverage immediately to avoid any lapse in insurance protection. If you believe this information is incorrect, you have the right to appeal this decision by contacting our Underwriting Department at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]
[Title]
[Insurance Company Name]