[Date]

[Insured Name / Business Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: NOTICE OF CANCELLATION OF COMMERCIAL AUTO INSURANCE

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

Dear [Policyholder Name],

This letter serves as formal notification that your commercial auto insurance policy, referenced above, will be cancelled effective at 12:01 AM on [Date of Cancellation].

The reason for this cancellation is a high frequency of claims filed under this policy during the current term. Due to the number of recent incidents and the resulting loss ratio, your account no longer meets our underwriting guidelines for continued coverage.

Any unearned premium paid beyond the cancellation date will be refunded to you under separate cover within [Number] business days. We recommend that you contact an insurance broker immediately to secure alternative coverage to avoid any lapse in protection for your business vehicles.

If you have any questions regarding this notice, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Underwriter Name or Department Name]
[Insurance Company Name]