[Date]

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

RE: NOTICE OF CANCELLATION OF BUSINESS LIABILITY INSURANCE

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

Dear [Policyholder Name],

Please be advised that [Insurance Company Name] is cancelling your Business Liability Coverage, effective [Date of Cancellation] at [Time, e.g., 12:01 AM].

This decision has been made following a thorough review of your policy file. The reason for this cancellation is: **Excessive claims history.**

Specifically, the frequency and severity of claims filed under this policy exceed our current underwriting guidelines for continued coverage. As a result, we are no longer able to provide liability protection for your business.

Any unearned premium paid for the period beyond the cancellation date will be refunded to you under separate cover or credited to your account according to policy terms.

To avoid a lapse in coverage, we strongly recommend that you contact an insurance broker immediately to secure alternative business liability insurance. Proof of new insurance may be required by your landlords, lenders, or business partners.

If you believe this decision was made in error or have questions regarding your claims history, please contact our underwriting department at [Phone Number].

Sincerely,

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