[Date]

[Insurance Company Name]
[Underwriting Department]
[Street Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Workers Compensation Insurance Policy

Policyholder: [Your Business Name]
Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Date Cancellation Should Start]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced Workers Compensation insurance policy effective [Time, e.g., 12:01 AM] on [Date].

The reason for this cancellation is based on the recent claims history associated with this policy and the subsequent premium adjustments. We have decided to move our coverage to a provider that better aligns with our current risk management strategy and budgetary requirements.

We request a confirmation of this cancellation in writing. Furthermore, please provide a final statement of account and a pro-rata refund of any unearned premiums paid to date. If an audit is required to finalize the cancellation, please contact [Name of Contact Person] at [Phone Number] to schedule the appointment.

Thank you for your past services.

Sincerely,

[Authorized Signature]
[Printed Name]
[Title]
[Company Name]