[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

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

RE: NOTICE OF POLICY CANCELLATION
Policy Number: [Policy Number]
Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

This letter serves as official notification that your insurance policy [Policy Number] will be canceled effective [Cancellation Date] at 12:01 AM.

After a formal review of your account, we have determined that we can no longer provide coverage due to the frequency of claims filed within the current and previous policy periods. Specifically, our records indicate [Number] claims filed since [Start Date]. Under our underwriting guidelines, this claim frequency exceeds the acceptable risk threshold for continued coverage.

Please note the following important information:

- Coverage will remain in effect until the cancellation date stated above.
- Any claims occurring after the cancellation date will not be covered under this policy.
- You will receive a separate notice regarding any pro-rated refund for the unearned premium, if applicable.

We recommend that you seek alternative insurance coverage immediately to avoid any lapse in protection. You may wish to contact an independent agent or your state's Department of Insurance for assistance in finding a high-risk provider.

If you believe there is an error in our records or wish to appeal this decision, please contact our Customer Service Department at [Phone Number] or [Email Address] by [Deadline Date].

Sincerely,

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