[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

**RE: Notice of Cancellation of Insurance Policy #[Policy Number]**

Dear [Policyholder Name],

This letter serves as formal notice that [Insurance Company Name] has elected to cancel your insurance policy, effective [Cancellation Effective Date] at [Time].

This decision was made following a comprehensive review of your policy file. The reason for this cancellation is: **Adverse Claims Experience.**

Specifically, the frequency and/or severity of claims filed under this policy have exceeded the acceptable underwriting guidelines for continued coverage. As a result, we are no longer able to assume the risk associated with this contract.

**Important Information:**

- Coverage will remain in effect until the date and time specified above.
- Any unearned premium paid for the period beyond the cancellation date will be refunded to you within [Number] business days.
- We recommend that you seek alternative coverage immediately to avoid any lapse in insurance protection.

If you believe this decision was made in error or if you have any questions regarding this notice, please contact our Customer Service Department at [Phone Number] or [Email Address].

Sincerely,

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