[Your Name/Company Name]
[Your Mailing Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Attn: Cancellations Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Landlord Insurance Policy

Policy Number: [Your Policy Number]
Property Address: [Insured Property Address]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced insurance policy effective as of [Cancellation Date].

This decision follows our recent review of the policy terms and the premium adjustments resulting from multiple claims filed on this property. We have secured alternative coverage that better suits our current operational needs.

Please stop all automatic payments or recurring charges associated with this policy as of the cancellation date. If there are any unearned premiums remaining on this account, please issue a refund check to the mailing address listed above within 30 days.

Please provide written confirmation of this cancellation and the final status of the account for my records.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]