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

[Date]

RE: Notice of Cancellation of Commercial Property Insurance

Policyholder: [Your Business Name]
Policy Number: [Your Policy Number]
Property Address: [Insured Property Address]
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 commercial property insurance policy effective [Time, e.g., 12:01 AM] on [Date].

We are electing to terminate this coverage due to the excessive loss history associated with this property and the resulting premium increases. We have secured alternative coverage that better aligns with our current risk profile.

Please cease all automatic withdrawals or billing for this policy immediately. We request a confirmation of this cancellation and a statement reflecting any pro-rata refund of unearned premiums due to us. Please mail the refund check and the final closing documents to the following address:

[Your Mailing Address]
[City, State, Zip Code]

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Your Printed Name]
[Your Title]
[Phone Number]