[Company Header/Logo]

[Date]

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

RE: NOTICE OF CANCELLATION OF MOTOR FLEET INSURANCE

Policy Number: [Insert Policy Number]
Effective Date of Cancellation: [Insert Date]

Dear [Name of Policyholder],

Please be advised that [Insurance Company Name] is hereby canceling the above-referenced Motor Fleet insurance policy.

This decision has been made following a comprehensive review of your policy file. The reason for this cancellation is: **Excessive Claims History**. Specifically, the frequency and severity of claims submitted during the current and prior policy terms no longer meet our underwriting guidelines for continued coverage.

Your coverage will remain in effect until 12:01 AM on [Insert Date]. After this time, all liability, physical damage, and associated coverages for your fleet will cease. We recommend that you secure alternative insurance immediately to ensure there is no lapse in coverage for your vehicles.

A pro-rata refund of any unearned premium will be processed and sent to you under separate cover within [Number] business days.

If you believe the information regarding your claims history is inaccurate, or if you have questions regarding this notice, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

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