[Date]

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

RE: FINAL NOTICE OF POLICY CANCELLATION

Policy Number: [Policy Number]
Effective Date of Cancellation: [Cancellation Date] at 12:01 A.M.

Dear [Insured Name],

This letter serves as official notification that your insurance policy listed above will be canceled effective [Cancellation Date].

This action has been taken for the following underwriting reason(s):

- [Insert specific underwriting reason, e.g., Inspection results, loss history, or undisclosed risk]

Please be advised that all coverage under this policy will cease on the effective date and time mentioned above. We recommend that you contact an alternative insurance provider immediately to ensure continuous coverage and avoid any lapse.

If a premium refund is due, it will be processed and mailed to you under separate cover within [Number] business days.

If you have any questions regarding this decision or if you believe this information is in error, please contact your agent or our underwriting department at [Phone Number].

Sincerely,

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