[Current Date]

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

RE: FINAL NOTICE OF POLICY CANCELLATION

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

Dear [Policyholder Name],

This letter serves as formal notification that [Insurance Company Name] is canceling your insurance policy, effective at 12:01 AM on [Cancellation Date].

This decision has been made following a formal investigation into the claim(s) filed on [Date of Claim]. Our investigation has concluded that material misrepresentations and/or fraudulent information were provided in connection with this claim. Under the terms and conditions of your policy agreement, as well as state insurance regulations, acts of fraud or intentional misrepresentation are grounds for immediate termination of coverage.

Please be advised of the following:

- **Coverage End:** All coverage under the aforementioned policy will cease on the effective date listed above.
- **Claims Status:** Any pending claims associated with this policy are currently being denied or suspended pending further legal review.
- **Premium Refund:** Any unearned premium will be calculated and returned to you via [Check/Original Payment Method] within [Number] business days, subject to any offsets allowed by law.

If you have any questions regarding this notice, you may contact our Special Investigations Unit at [Phone Number]. If you believe this decision has been made in error, you have the right to file a grievance with the [State Name] Department of Insurance.

Sincerely,

[Sender Name/Authorized Signature]
[Title]
[Insurance Company Name]