**FINAL NOTICE OF POLICY CANCELLATION**

Date: [Insert Date]
Policy Number: [Insert Policy Number]
Insured Name: [Insert Business Name]

Dear [Insert Contact Name],

This letter serves as formal notification that your Commercial General Liability insurance policy will be cancelled effective **[Insert Cancellation Date]** at 12:01 A.M. local time.

Reason for Cancellation: [Insert Reason, e.g., Non-payment of premium / Material misrepresentation / Failure to comply with safety recommendations]

Please be advised of the following:

- **Termination of Coverage:** All coverage provided under the aforementioned policy will cease on the effective date and time listed above. No claims occurring after this date will be honored.
- **Premium Due:** [Select one: You will receive a separate invoice for any earned premium due up to the date of cancellation / A refund check for any unearned premium will be mailed to you shortly.]
- **Proof of Insurance:** You should immediately seek replacement coverage to avoid a lapse in protection and potential breach of any contracts or lease agreements requiring liability insurance.

If you believe this notice has been sent in error, or if you wish to discuss the steps required to reinstate this policy, please contact your insurance agent or our billing department immediately at [Insert Phone Number].

Sincerely,

[Insert Name/Signature]
[Insert Title]
[Insert Insurance Company Name]

CC: [Insert Agent Name/Mortgagee/Certificate Holders]