[Date]

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

RE: Notice of Workers Compensation Policy Cancellation

To Whom It May Concern,

Please accept this letter as formal notification to cancel the following workers compensation insurance policy:

- **Policy Number:** [Enter Policy Number]
- **Insured Name:** [Enter Business Name]
- **Effective Date of Cancellation:** [Enter Date]

The reason for this cancellation is [Select one: company closure / change of insurance provider / no longer have employees].

Please stop all automatic payments associated with this policy as of the cancellation date mentioned above. We request a written confirmation of this cancellation and a statement regarding any unearned premium refunds or final audit requirements.

Please send all final documentation to:

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

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Print Name]
[Title/Position]
[Phone Number]