

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

RE: Notice of Termination of Fleet Insurance Coverage

Policy Number: [Policy Number]

Effective Termination Date: [Date]

Dear [Client Contact Name],

Please accept this letter as formal notification that [Insurance Agency Name] will be terminating the commercial fleet insurance coverage for [Client Company Name], effective [Time] on [Date].

This action is being taken due to the following reason(s):

[Insert Reason: e.g., Non-payment of premium / Request by insured / Underwriting requirements / Expiration of policy term]

Please be advised that all vehicles currently listed under the aforementioned policy will no longer be covered by [Insurance Agency Name] after the effective termination date. To avoid a lapse in coverage and potential legal penalties, we strongly recommend that you secure replacement coverage immediately.

Any unearned premium will be calculated and returned to you via [Method of Refund] within [Number] business days.

If you believe this notice has been sent in error or if you have questions regarding this termination, please contact your account manager at [Phone Number] or [Email Address] as soon as possible.

Sincerely,

[Agent Name]

[Title]

[Insurance Agency Name]