

[Date]

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

RE: Notice of Cancellation of Directors and Officers (D&O) Liability Insurance

Policy Number: [Enter Policy Number]

Insured Organization: [Enter Non-Profit Name]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-referenced Directors and Officers Liability Insurance policy held by [Non-Profit Name].

We request that the cancellation be effective as of [Cancellation Date].

Please provide a written confirmation of this cancellation and a statement of any pro-rata premium refund due to the organization. Any refund checks should be mailed to the address provided below:

[Non-Profit Name]
[Mailing Address]
[City, State, Zip Code]

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]
[Printed Name]
[Title, e.g., Board President or Treasurer]