

[Date]

[Policyholder Name]

[Street Address]

[City, State, Zip Code]

RE: NOTICE OF CANCELLATION

Policy Type: [Type of Insurance]

Policy Number: [Policy Number]

Effective Date of Cancellation: [Date of Cancellation]

Dear [Policyholder Name],

We are writing to formally notify you that your insurance policy listed above will be canceled effective [Time, e.g., 12:01 AM] on [Date of Cancellation].

The reason for this mid-term cancellation is: [Insert Reason, e.g., Non-payment of premium, Material misrepresentation, Substantial change in risk].

Impact on Coverage:

Please be advised that all coverage under this policy will cease on the effective date and time mentioned above. We recommend that you obtain replacement insurance coverage immediately to avoid any lapse in protection.

Premium Refund:

[Option 1: Any unearned premium will be calculated and mailed to you within (Number) days.]

[Option 2: As this cancellation is due to non-payment, no refund is applicable at this time.]

If you believe this notice has been sent in error or if you have questions regarding this cancellation, please contact our customer service department at [Phone Number] or [Email Address] as soon as possible.

Sincerely,

[Name of Sender/Representative]

[Title]

[Insurance Company Name]