

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: NOTICE OF CANCELLATION AND NON-RENEWAL

Policy Number: [Policy Number]

Vehicle: [Year, Make, Model]

Effective Date of Cancellation: [Date]

Dear [Insured Name],

Please be advised that your automobile insurance policy listed above will be canceled and will not be renewed effective at 12:01 A.M. on [Date].

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

- Revocation of driving privileges for: [Name of Driver]
- Driver's License Number: [License Number]
- State of Issuance: [State]

As a result of the permanent or indefinite revocation of the driver's license of a named operator under this policy, the risk no longer meets our underwriting guidelines.

Any unearned premium will be refunded to you within [Number] days, or credited to your account if there is an outstanding balance. Please note that maintaining continuous insurance coverage is a legal requirement for operating a motor vehicle. We recommend you seek alternative coverage immediately to avoid any lapse.

If you believe this information regarding the license revocation is incorrect, please provide official documentation from the Department of Motor Vehicles (DMV) to our office before the cancellation date.

Sincerely,

[Name of Agent/Representative]

[Company Name]

[Phone Number]