

Date: [Insert Date]

Recipient Name: [Insert Policyholder Name]

Address: [Insert Street Address]

City, State, Zip: [Insert City, State, Zip]

Policy Number: [Insert Policy Number]

Termination Effective Date: [Insert Date of Termination]

Dear [Insert Policyholder Name],

This letter serves as formal notice that your insurance coverage under the policy number listed above will be terminated effective [Insert Time, e.g., 12:01 AM] on [Insert Date].

This decision was made following a recent review of your file, which identified a **Significant Increase in Hazard Risk**. Specifically, the following conditions were identified:

- [Insert specific reason, e.g., Unsafe property conditions]
- [Insert specific reason, e.g., Failure to comply with safety recommendations]
- [Insert specific reason, e.g., Change in usage of the insured premises]

Under the terms of your policy and applicable state regulations, a material change in the risk originally assumed by the insurer provides grounds for policy cancellation or non-renewal. Due to the nature of these hazards, we are unable to continue providing coverage.

To ensure you remain protected, we strongly recommend that you seek alternative insurance coverage immediately to avoid any lapse. Any unearned premium paid for the period after the termination date will be refunded to you via [Insert Method, e.g., check/original payment method] within [Insert Number] business days.

If you believe this information is incorrect or if you have corrected the hazards mentioned above, please contact our underwriting department at [Insert Phone Number] or [Insert Email Address] before the effective termination date.

Sincerely,

[Insert Name/Signature]

[Insert Title]

[Insert Company Name]