

[Your Name/Business Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

RE: Notice of Cancellation of Workers' Compensation Insurance Policy

Policy Number: [Your Policy Number]

Effective Date of Cancellation: [Date Cancellation Should Start]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my Workers' Compensation insurance policy, number [Policy Number], effective [Date].

I am requesting this cancellation because [Reason: e.g., I am transitioning to a different provider / I am no longer employing subcontractors / Business is closing].

Please send a written confirmation of this cancellation and a statement of any outstanding balance or unearned premium refund to the mailing address listed above.

If an audit is required to finalize the cancellation of this policy, please contact me at [Your Phone Number] to schedule a time.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Your Printed Name]

[Title/Owner]