

POLICY CANCELLATION NOTICE

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Subject: Notice of Insurance Policy Cancellation - Policy Number

Dear ,

After a thorough review of your policy we regret to inform you that we have identified . As a result, we are left with no alternative but to cancel your insurance policy with us.

Your insurance policy will be canceled effective . This timeframe allows you to make alternative arrangements for your insurance coverage.

Any remaining premium, if applicable, will be processed and refunded to you at the address on file within days from the cancellation effective date.

We understand that this may cause inconvenience and we are committed to assisting you during this transition. If you have any questions or concerns, please feel free to contact our customer service at or .

We appreciate your understanding in this matter and regret any inconvenience this may cause. Thank you for being a valued customer.

Sincerely,