

Notice of Insurance Coverage Termination

Date: [Insert Date]

To:

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This letter serves as a formal notice regarding the termination of your insurance coverage with [Insurance Company Name], effective [Termination Date]. This decision has been made in accordance with the terms outlined in your policy agreement.

Please be advised that all coverage will cease as of the specified date. It is important to review any pending claims and ensure that you have taken the necessary steps to secure alternative coverage if needed.

For any inquiries or further information, please contact our office at [Phone Number] or [Email Address].

We appreciate your understanding in this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]