

Termination of Coverage Notification

Date: [Insert Date]

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your coverage with [Insurance Company/Organization Name] will be terminated effective [Insert Termination Date] due to the expiration of your coverage.

We appreciate your past business and encourage you to contact us if you have any questions or require assistance in seeking new coverage options.

Thank you for the opportunity to serve you.

Sincerely,
[Your Name]
[Your Title]
[Company Name]
[Contact Information]