

Insurance Cancellation Confirmation

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are writing to confirm the cancellation of your Business Liability Insurance policy with us, under policy number [Insert Policy Number]. As per your request, this policy will be officially canceled effective [Insert Cancellation Date].

Please ensure that you have alternative coverage in place to protect your business interests moving forward. If you have any questions or require additional information, feel free to contact us at [Insert Contact Information].

Thank you for your previous business with us.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Company Address]

[City, State, Zip Code]

[Contact Information]