

Termination Notice

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

We regret to inform you that your insurance policy with us will be terminated effective [Insert Termination Date]. This decision has been made based on [insert reason for termination, e.g., non-payment of premiums, policy violations, etc.].

If you have any questions regarding this termination or wish to discuss your options, please do not hesitate to contact us at [Insert Contact Information]. We appreciate your understanding in this matter.

Thank you for your time.

Sincerely,

[Your Company Name]

[Your Name]

[Your Position]

[Company Contact Information]