

# Adverse Action Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We regret to inform you that your insurance policy #[Policy Number] has been canceled effective [Cancellation Date]. This action has been taken due to the following reasons:

- [Reason 1]
- [Reason 2]
- [Reason 3]

Under the Fair Credit Reporting Act, you have the right to dispute the information used to make this decision. Should you wish to discuss this matter further or if you have any questions, please do not hesitate to contact us at [Customer Service Number] or [Customer Service Email].

We appreciate your understanding in this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]