

Insurance Coverage Termination Notification

Date: [Insert Date]

To: [Insured Party's Name]

Address: [Insured Party's Address]

Dear [Insured Party's Name],

We are writing to inform you that your insurance coverage under policy number [Insert Policy Number] will be terminated as of [Insert Termination Date]. This decision is based on [briefly state reason for termination, e.g., non-payment of premiums, policy expiration, etc.].

Please take note that you will no longer be covered under this policy after the termination date. We recommend that you seek alternative coverage to ensure your protection.

If you have any questions or need further assistance regarding this matter, please do not hesitate to contact our office at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]