

Insurance Coverage Termination Notice

Date: [Insert Date]

To: [Recipient Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

This letter is to formally notify you that your insurance coverage with [Insurance Company Name], policy number [Policy Number], will be terminated effective [Termination Date].

We appreciate your business and want to thank you for being a valued customer. Please ensure that you have made alternative arrangements for coverage prior to the termination date.

If you have any questions or need further assistance, please do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]