## Termination of mandate when policy expires

*We suggest that you cut and paste this text and adapt it to your specific needs.*

[Firm name]

[Firm’s contact information]

Date

[Insured’s name]

[Insured’s contact information]

**Re: Termination of mandate**

**[**Type of policy**] insurance police no.: [**To be completed**]**

**Insurer: [**To be completed**]**

**Policy expiry date: [**To be completed**]:**

Dear Sir or Madam,

We hereby wish to notify you that we will be terminating our mandate to act as your damage insurance [broker or agent] when the above-mentioned insurance policy expires.

Please therefore be advised that we will take no steps to contact any other insurer in order to find you another insurance policy. You will have to go to another damage insurance firm to ensure that your insurance coverage continues after [insert date here].

[Yours truly]

[Signature of certified representative]