

(PLEASE TYPE THE FOLLOWING ON YOUR DISTRICT'S LETTERHEAD)

SAMPLE DRAFT LETTER

Current Date (must be at least 30 days prior to effective date of new coverage)

Current Carrier
Contact
Address
City, State, Zip

Re: Name of Your District, Contract Number, Policy Period

Please use this letter to serve as our tentative notice of termination with (insert name of current carrier) _____. Please cancel our Workers' Compensation policy effective (insert date) _____. Should we decide not to exercise this intent to cancel, you will be notified prior to the above date. Do not hesitate to contact me if you need additional information.

Sincerely,

School Superintendent