

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Confirmation of Policy Cancellation - [Policy Number]

Dear [Client Name],

This letter confirms that we have received and processed your request to cancel your [Type of Insurance, e.g., Auto/Home] insurance policy, number [Policy Number].

As per your instruction, the cancellation is effective as of [Cancellation Date] at [Time].

Important Information Regarding Your Cancellation:

- **Coverage Status:** Please be advised that all coverage under this policy ceases on the effective date mentioned above.
- **Refunds:** [Select one: Any unearned premium will be refunded to you via your original payment method / No refund is due at this time.]
- **Outstanding Balance:** [Select one: Your account is paid in full / Please note an outstanding balance of [Amount] is due by [Date].]

If you have already secured alternative coverage, please ensure there is no gap in your protection. If you cancelled this policy in error, please contact us immediately at [Phone Number] to discuss reinstatement options.

Thank you for the opportunity to have served your insurance needs.

Sincerely,

[Representative Name]

[Company Name]

[Contact Information]