

[Company Name]
[Company Address]
[City, State, Zip Code]
[Date]

[Client Name]
[Client Address]
[City, State, Zip Code]

Subject: Acknowledgment of Policy Cancellation - Policy Number: [Policy Number]

Dear [Client Name],

This letter is to formally acknowledge that we have received and processed your request to cancel the insurance policy referenced above.

The cancellation is effective as of [Effective Date of Cancellation]. Please be advised that after this date, all coverage under this policy will cease, and no further claims can be filed for incidents occurring after this time.

Refund Information:

[Option 1: A refund of the unearned premium in the amount of \$[Amount] will be issued to you via [Method] within [Number] business days.]

[Option 2: No refund is due as the policy was paid through the cancellation date.]

If you have any questions regarding this cancellation or if you would like to discuss alternative coverage options in the future, please contact our customer service department at [Phone Number] or [Email Address].

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

Sincerely,

[Name/Signature]
[Title]
[Company Name]