

[Insurance Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

Subject: Confirmation of Voluntary Policy Cancellation

Dear [Policyholder Name],

This letter is to confirm that we have received and processed your request to voluntarily cancel your automobile insurance policy.

Policy Details:

- **Policy Number:** [Policy Number]
- **Vehicle(s) Covered:** [Year, Make, Model]
- **Cancellation Effective Date:** [MM/DD/YYYY] at 12:01 AM

As of the effective date listed above, all coverage associated with this policy has ceased. Please ensure that you have obtained alternative insurance coverage, as most states require continuous liability insurance to legally operate or register a motor vehicle.

Refund Information:

[Option 1: A refund check for the unearned premium in the amount of \$[Amount] will be mailed to your address on file within [Number] business days.]

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

If you have any questions regarding this cancellation or if you believe this is in error, please contact our customer service department at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Name/Signature of Representative]
[Title]
[Insurance Company Name]