

[Company Letterhead/Logo]

[Date]

[Insured Name]

[Business Name]

[Mailing Address]

[City, State, Zip Code]

RE: Acknowledgment of Policy Cancellation

Policy Number: [Policy Number]

Policy Type: [Type of Business Insurance]

Effective Date of Cancellation: [MM/DD/YYYY]

Dear [Insured Name],

This letter is to formally acknowledge receipt of your request to cancel the commercial insurance policy referenced above. As per your instructions, the cancellation will be effective as of 12:01 A.M. on [Date].

Please be advised of the following regarding your account:

- **Coverage Status:** All coverage under this policy will cease on the effective date of cancellation. No claims occurring after this date will be covered.
- **Premium Refund:** Any unearned premium will be calculated and returned to you via [Check/Original Payment Method] within [Number] business days, subject to any outstanding balances or audit adjustments.
- **Final Audit:** (If applicable) Please note that a final premium audit may be required for this policy period. We will contact you shortly if additional documentation is needed.

We regret that we will no longer be providing your business insurance coverage. If you requested this cancellation in error, or if you wish to discuss alternative coverage options in the future, please contact your agent at [Phone Number] or [Email Address].

Thank you for the opportunity to have served your business.

Sincerely,

[Representative Name]

[Title]

[Insurance Company/Agency Name]