

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

[Date]

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

Subject: Confirmation of Voluntary Policy Cancellation

Dear [Policyholder Name],

This letter confirms that we have received and processed your request to cancel your insurance policy. Below are the details regarding this cancellation:

- **Policy Number:** [Policy Number]
- **Policy Type:** [Type of Insurance]
- **Cancellation Effective Date:** [Date]

Coverage under this policy will officially end at 12:01 AM on the effective date listed above. After this time, you will no longer be covered for any new claims or incidents.

Refund Information:

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

[Option B: No refund is due as the policy was paid through the end of the current term.]

If you have any questions regarding this cancellation or if you require a new quote in the future, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

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