

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Subject: Confirmation of Insurance Account Closure - Policy Number: [Policy Number]

Dear [Client Name],

This letter serves as formal confirmation that, per your request received on [Date of Request], we have closed your insurance account associated with policy number [Policy Number].

The closure of this account is effective as of [Effective Date of Closure]. Please note the following details regarding your account status:

- **Coverage Status:** All coverage under this policy has ceased as of the effective date mentioned above.
- **Premium Payments:** No further premium payments will be collected. [Any automatic payment arrangements have been deactivated].
- **Refunds:** [A pro-rated refund in the amount of \$0.00 will be issued to your original payment method / No refund is applicable for this account].

If you have any pending claims, they will continue to be processed in accordance with the terms of your policy active at the time of the incident.

We recommend that you retain this letter for your records as proof of cancellation. If you believe this closure was processed in error, or if you have questions regarding your final statement, 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 of Representative]

[Title]

[Insurance Company Name]