Date: [Date]

Policyholder Name: [Insured Name]
Policy Number: [Policy Number]
Subject: Signature Required for Policy Cancellation

Dear [Insured Name],

We received your request to cancel the auto insurance policy referenced above, effective [Cancellation Date].

To finalize this process and ensure any applicable premium refunds are issued, we require your formal signature on the attached Cancellation Request/Lost Policy Release form.

Please review, sign, and return the document using one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

Please note that coverage will remain active and billing may continue until the signed document is received and processed. If you have already replaced this policy, please provide proof of new coverage to help avoid any lapses in your driving record.

If you have any questions, please contact us at [Phone Number].

Sincerely,

[Your Name/Company Name]
[Contact Information]