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

[Date]

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

Subject: Confirmation of Auto Insurance Policy Cancellation

Dear [Policyholder Name],

This letter serves as official confirmation that your auto insurance policy, number **[Policy Number]**, has been cancelled at your request.

Cancellation Details:

- **Effective Date of Cancellation:** [Date]
- **Time of Cancellation:** [Time, e.g., 12:01 AM]
- **Vehicle(s) Covered:** [Year, Make, Model of Vehicle(s)]

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

Premium Refund Information:
[Select one: You will receive a prorated refund in the amount of $[Amount] within [Number] business days / No refund is due at this time.]

If you have any questions regarding this cancellation or if we can assist you with your future insurance needs, please contact our customer service department at [Phone Number].

Thank you for the opportunity to have served you.

Sincerely,

[Name of Representative]
[Title]
[Company Name]