[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Auto Insurance Cancellation

Dear [Insured Name],

This letter confirms that we have processed your request to cancel your auto insurance policy. Please find the details of the cancellation below:

- **Policy Number:** [Policy Number]
- **Vehicle(s):** [Year, Make, Model]
- **Cancellation Effective Date:** [MM/DD/YYYY]
- **Time of Cancellation:** [12:01 AM / 11:59 PM]

As of the effective date listed above, all coverage provided under this policy has ceased. If your policy was paid in advance, any unearned premium will be refunded via [Refund Method] within [Number] business days.

Please ensure that you have obtained alternative insurance coverage, as most states require continuous liability insurance for registered vehicles. We recommend keeping a copy of this letter for your records.

If you have any questions or if you did not request this cancellation, please contact our customer service department immediately at [Phone Number].

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

Sincerely,

[Agent Name or Department]
[Insurance Company Name]
[Contact Information]