[Date]

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

Subject: Confirmation of Auto Insurance Cancellation - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that your automobile insurance policy, number [Policy Number], has been canceled at your request, effective [Cancellation Date].

As a result of this cancellation, you are entitled to a refund of the unearned premium. Please find the details of your refund below:

- **Unearned Premium Amount:** $[Refund Amount]
- **Refund Method:** [Check / Original Credit Card]

If your refund is being sent via mail, please allow [Number] business days for delivery. If it is being credited back to your card, it should appear on your statement within [Number] business days.

Please ensure that you have obtained alternative insurance coverage, as driving without insurance is a violation of state law. We have notified the [State Department of Motor Vehicles] of this termination as required by law.

If you have any questions regarding this cancellation or your refund, please contact our customer service department at [Phone Number] or [Email Address].

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

Sincerely,

[Representative Name]
[Company Name]
[Department Name]