[Insurance 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 confirms that your auto insurance policy, number **[Policy Number]**, has been cancelled at your request following the sale of your vehicle.

Cancellation Details:

- **Vehicle Sold:** [Year, Make, Model]
- **Vehicle Identification Number (VIN):** [VIN Number]
- **Effective Cancellation Date:** [Date of Sale/Cancellation]

Refund Information:
[Select one: You will receive a pro-rated refund in the amount of $[Amount] via [Check/Original Payment Method] within [Number] business days. / No refund is due as the policy term was fully paid and utilized.]

Please note that it is your responsibility to ensure that any new vehicle you purchase is insured before operation. If you have any questions or require further assistance, please contact our customer service department at [Phone Number].

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

Sincerely,

[Agent Name/Signature]
[Title]
[Insurance Company Name]