[Date]

[Customer Name]
[Current Address]
[City, State, Zip Code]

[Insurance Company Name]
[Policy Department Address]
[City, State, Zip Code]

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

Dear [Customer Name],

This letter serves as formal confirmation that your automobile insurance policy, number [Policy Number], has been canceled at your request due to your relocation to another state/country.

Cancellation Details:

- Effective Date of Cancellation: [Date]
- Reason for Cancellation: Relocation
- Vehicle(s) Covered: [Year, Make, Model]

Regarding your account balance:

[Option 1: A refund check in the amount of $[Amount] for the unused portion of your premium will be mailed to your new address provided below within [Number] business days.]

[Option 2: No further payments are required, and your account has been closed with a zero balance.]

Your new address on file is:
[New Street Address]
[New City, State, Zip Code]

Please ensure you have obtained new coverage in your current location, as driving without insurance is a violation of the law in most jurisdictions. We recommend keeping this letter for your records as proof of prior coverage.

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

Sincerely,

[Agent Name/Representative Name]
[Insurance Company Name]