[Date]

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

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

Dear [Policyholder Name],

This letter is to confirm that your automobile insurance policy, number [Policy Number], has been canceled effective [Cancellation Date].

Please be advised that as of the cancellation date, you no longer have insurance coverage through [Insurance Company Name]. It is your responsibility to ensure you have obtained alternative coverage to comply with state laws and to avoid any gaps in protection.

Notice of Balance Due

Our records indicate that there is an outstanding balance remaining on your account for the period during which the policy was active.

- **Total Amount Due:** $[Amount]
- **Due Date:** [Payment Due Date]

Please remit your payment by the due date mentioned above to avoid further collection actions. You can pay via the following methods:

- Online at: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to [Payment Mailing Address]

If you have already sent your payment, please disregard the balance due portion of this notice.

If you have any questions regarding this cancellation or the balance owed, please contact our customer service department at [Customer Service Phone Number].

Sincerely,

[Agent/Department Name]
[Insurance Company Name]