[Date]

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

Subject: Confirmation of Policy Cancellation - Policy Number: [Policy Number]

Dear [Policyholder Name],

This letter is to formally confirm that your automobile insurance policy has been canceled following a recent underwriting review. Based on our evaluation of your risk profile and eligibility criteria, we are unable to continue coverage at this time.

Cancellation Details:

- **Policy Type:** [Auto Insurance Type]
- **Cancellation Effective Date:** [MM/DD/YYYY]
- **Reason for Decision:** [Insert Specific Underwriting Reason, e.g., Driving Record / Claims History / Risk Eligibility]

Coverage Notice:
Please be advised that all coverage under this policy will cease at 12:01 A.M. on the effective date listed above. To comply with state laws and ensure continuous protection, we strongly recommend that you obtain replacement insurance coverage immediately.

Refund Information:
[Option A: Any unearned premium will be refunded to you via check or original payment method within X business days.]
[Option B: Our records indicate no refund is due at this time.]

Right to Appeal:
If you believe this decision was made in error or if you have additional information for us to consider, you may submit a written appeal to our Underwriting Department at [Email Address/Physical Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Underwriter Name/Department]
[Insurance Company Name]
[Phone Number]