[Insurance Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Confirmation of Auto Insurance Policy Cancellation

Dear [Policyholder Name],

This letter is to confirm that your auto insurance policy, number **[Policy Number]**, will expire at the end of its current term and will not be renewed.

The coverage for the vehicle(s) listed below will officially terminate on:

Expiration Date: [Date] at [Time, e.g., 12:01 AM]

Vehicle Information:
[Year, Make, Model]
[VIN Number]

Please be advised that as of the expiration date mentioned above, you will no longer have insurance coverage through [Insurance Company Name]. We recommend securing alternative coverage immediately to avoid any lapse in insurance, which may be required by state law.

If you have already secured coverage with another provider, you may disregard any further renewal notices. If you have any questions regarding this cancellation or would like a quote to reinstate your policy, please contact us at [Phone Number].

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

Sincerely,

[Agent Name/Department Name]
[Insurance Company Name]