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

[Date]

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

Subject: Confirmation of Retroactive Policy Cancellation

Dear [Policyholder Name],

This letter serves as formal confirmation that your auto insurance policy, number **[Policy Number]**, has been cancelled at your request.

As per our records and the documentation provided, this cancellation has been processed retroactively. Please find the details of the cancellation below:

- **Effective Date of Cancellation:** [Retroactive Date]
- **Reason for Cancellation:** [Reason, e.g., Proof of duplicate coverage / Vehicle sold]
- **Vehicle(s) Insured:** [Year, Make, Model]

Premium Refund Information:
Due to the retroactive nature of this cancellation, a premium refund in the amount of **$[Amount]** has been calculated for the period of [Start Date] to [End Date].

[Select one:]
- A check has been mailed to your address on file.
- The refund has been credited back to your original payment method.
- This credit has been applied to your outstanding balance on account [Account Number].

Please note that as of the retroactive effective date listed above, no coverage was or is provided by [Company Name] for the vehicle(s) listed. Any claims filed for incidents occurring after the cancellation date will not be covered.

If you have any questions regarding this notice or your refund, please contact our customer service department at [Phone Number] between [Hours of Operation].

Sincerely,

[Name of Representative/Department]
[Company Name]