[Insurer Name]
[Insurer Address]
[City, State, Zip Code]
[Date]

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

Subject: Confirmation of Mutual Agreement to Cancel Policy #[Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that [Insurer Name] and [Policyholder Name] have mutually agreed to cancel auto insurance policy number [Policy Number], effective as of [Cancellation Date] at [Time, e.g., 12:01 AM].

By mutual agreement, both parties acknowledge the following:

- Coverage for the vehicle(s) listed under this policy will cease on the effective date and time mentioned above.
- The cancellation is voluntary and agreed upon by both the insurer and the insured.
- Any unearned premium will be refunded to the policyholder in the amount of $[Amount] via [Method of Refund] within [Number] business days.

Please ensure that you have obtained alternative insurance coverage to avoid any lapse in protection or legal non-compliance, as required by state law.

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

Sincerely,

[Authorized Signature]
[Name and Title of Representative]
[Insurer Name]

Policyholder Acknowledgment:

I hereby confirm my agreement to the mutual cancellation of the policy stated above.

Signature: _____ Date: _____