

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

**Subject: Acknowledgment of Mid-Term Policy Cancellation Request**

Dear [Policyholder Name],

This letter is to formally acknowledge receipt of your request to cancel your insurance policy, number [Policy Number], effective [Cancellation Date].

We have processed your request, and your coverage will terminate at 12:01 AM on the date mentioned above. Please note the following regarding your account:

- **Final Premium:** A final reconciliation of your account will be performed.
- **Refunds:** If there is an unearned premium balance, a refund check for [Amount, if known] will be mailed to you within [Number] business days.
- **Outstanding Balances:** If there is a remaining balance due for the period the policy was active, an invoice will be sent under separate cover.

If you have secured replacement coverage, please ensure there is no gap in your protection. If you requested this cancellation in error or wish to discuss alternative coverage options, please contact your agent or our customer service department immediately at [Phone Number].

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

Sincerely,

[Sender Name]

[Title]

[Company Name]