

[Date]

[Policyholder Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Acknowledgment of Cancellation Request - Action Required

Dear [Policyholder Name],

We have received your request to cancel your insurance policy, [Policy Number], effective [Requested Cancellation Date].

To finalize this process and ensure the mid-term cancellation is executed correctly, we require your formal signature on the enclosed Cancellation Request/Release Form. Please note that we cannot process the termination or issue any applicable premium refunds until the signed document is returned to our office.

Next Steps:

- Review the attached Cancellation Form.
- Sign and date the document where indicated.
- Return the form via [Email/Mail/Fax] by [Due Date].

Until the signed form is received and processed, your policy remains active, and you will continue to be responsible for any premium payments due.

If you have any questions or wish to discuss alternative coverage options before finalizing this cancellation, please contact us at [Phone Number] or [Email Address].

Sincerely,

[Agent/Representative Name]

[Company Name]

Enclosure: Cancellation Request/Release Form