

[Date]

[Policyholder Name]

[Mailing Address]

[City, State, Zip Code]

Subject: Acknowledgment of Cancellation Request for Policy: [Policy Number]

Dear [Policyholder Name],

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

Please be advised that in accordance with [State Law/Policy Terms], we cannot finalize this mid-term cancellation until we receive formal proof of replacement coverage. This requirement ensures there is no lapse in your mandatory insurance protection.

To proceed with your request, please provide one of the following documents:

- A copy of your new Insurance Declarations Page.
- A valid Certificate of Insurance showing a start date on or before [Requested Cancellation Date].
- A signed Binder of Insurance from your new provider.

Once this documentation is received and verified, we will process the cancellation and issue any applicable premium refunds to your address on file. Please note that if proof of coverage is not received within [Number] days, your policy will remain active and you will continue to be responsible for premium payments.

You may submit the required documentation via:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Company Address]

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

Sincerely,

[Name of Representative]

[Company Name]

[Department Name]