

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

[Date]

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

Subject: Acknowledgment of Policy Cancellation Request

Dear [Policyholder Name],

This letter is to confirm that we have received your request to cancel your personal auto insurance policy, number **[Policy Number]**, effective **[Cancellation Date]**.

As requested, your coverage will terminate at 12:01 AM on the date mentioned above. Please ensure that you have obtained alternative insurance coverage, as operating a motor vehicle without insurance is illegal in most states and may lead to penalties.

Refund Information:

If there is any unearned premium remaining on your account, a refund check will be mailed to your address on file within [Number] business days. If your policy was paid through an automatic billing cycle, please allow time for processing.

Next Steps:

If you have a lienholder or lessor listed on your policy, they will be notified of this cancellation as required by your agreement.

If you did not request this cancellation or have changed your mind, 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/Department]
[Company Name]