

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

[Date]

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

RE: Acknowledgment of Mid-Term Cancellation Request

Policy Number: [Policy Number]

Effective Date of Cancellation: [Cancellation Date]

Dear [Policyholder Name],

We are writing to formally acknowledge receipt of your request to cancel your Commercial General Liability insurance policy prior to its scheduled expiration date.

Your request has been processed, and coverage under the aforementioned policy will terminate effective 12:01 AM on [Cancellation Date].

Financial Summary:

- Unearned Premium Refund: \$[Amount]
- Applicable Fees/Short-Rate Charges: \$[Amount]
- Net Refund Amount: \$[Amount]

[Choose one: Your refund check is enclosed / Your refund will be credited to your account within [Number] business days].

Please note that after the effective date of cancellation, you will no longer have liability coverage for any occurrences or claims arising from incidents happening after that time. We recommend securing alternative coverage immediately to avoid any gap in protection.

If you have any questions regarding this cancellation or if we can assist you with your future insurance needs, please contact your agent or our customer service department at [Phone Number].

Sincerely,

[Name]
[Title]
[Company Name]