

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

[Date]

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

Subject: Acknowledgment of Policy Cancellation - Policy Number: [Policy Number]

Dear [Policyholder Name],

We have received your request to cancel your insurance policy [Policy Number] before the end of its current term.

This letter serves as formal acknowledgment of your request. We wish to confirm that the final effective date of your cancellation is **[Final Cancellation Date]** at 12:01 AM.

Please note the following information regarding your cancellation:

- **Coverage Status:** Your insurance coverage will remain active until the date and time specified above. After this point, all benefits and protections under this policy will cease.
- **Premium Refund:** Any unearned premium will be calculated from the effective date of cancellation. If a refund is due, you will receive it via [Original Payment Method/Check] within [Number] business days.
- **Outstanding Balance:** If there is any remaining balance due for the period the policy was active, a final invoice will be sent to you shortly.

If you have any questions regarding this cancellation or if you believe this information is incorrect, please contact our customer service department immediately at [Phone Number] or via email at [Email Address].

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

Sincerely,

[Sender Name]
[Title/Department]
[Company Name]