

[Company Name]
[Department Name]
[Company Address]
[City, State, Zip Code]

[Date]

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

Subject: Acknowledgment of Mid-Term Policy Cancellation and Notice of Outstanding Balance

Dear [Policyholder Name],

We are writing to formally acknowledge receipt of your request to cancel your insurance policy, number **[Policy Number]**, effective **[Cancellation Date]**.

In accordance with your request, coverage under this policy has been terminated as of the date mentioned above. Please note that any claims arising from incidents occurring after this date will not be covered.

Following a final audit of your account for the period during which the policy was active, our records indicate an outstanding premium balance. This balance represents the pro-rated cost of coverage provided up until the date of cancellation.

Account Summary:

- Total Earned Premium: \$[Amount]
- Total Payments Received: \$[Amount]
- **Remaining Balance Due: \$[Amount]**

Please remit the outstanding balance of **[\$Amount]** by **[Due Date]** to ensure your account is settled. Payments can be made via **[Payment Method/Online Portal Link]** or by mailing a check to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you have questions regarding the calculation of this balance or believe there is an error, please contact our billing department at **[Phone Number]** or **[Email Address]**.

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

Sincerely,

[Sender Name]
[Title]
[Company Name]