

Subject: Acknowledgment of Mid-Term Policy Cancellation - Final Audit Required

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Cancellation Effective Date: [Insert Date]

Dear [Insert Policyholder Name],

We have received and processed your request to cancel the above-referenced insurance policy effective [Insert Date].

Please be advised that because this policy is subject to a final premium audit, the current account balance is not final. In accordance with the terms and conditions of your policy, an audit will be conducted to determine the actual exposure (such as payroll or sales) during the period the policy was in force.

Steps regarding the audit process:

- Our audit department will contact you shortly to request the necessary financial records.
- Once the audit is complete, a final invoice or credit memo will be issued.
- Any return premium due to you or additional premium owed to us will be finalized at that time.

Please ensure that your contact information remains current so we may complete this process efficiently. If you have any questions regarding the audit requirements, please contact [Insert Department/Phone Number].

Sincerely,

[Your Name/Company Name]

[Your Title]

[Contact Information]