

[Date]

[Insured Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Unearned Premium Refund

Policy Number: [Policy Number]
Cancellation Effective Date: [Date]

Dear [Insured Name],

This letter is to formally notify you regarding the refund of unearned premium following the cancellation of the above-referenced insurance policy.

Based on our final audit and calculation, the unearned premium for the period from [Cancellation Date] to [Original Expiration Date] is as follows:

- Gross Unearned Premium: \$[Amount]
- Less Applicable Fees/Adjustments: \$[Amount]
- **Total Refund Amount: \$[Amount]**

Refund Method:

[Option A: A check for the total refund amount is enclosed with this letter.]

[Option B: The refund has been credited back to the original payment method on file and should appear in your account within [Number] business days.]

Please note that if your premium was financed through a third-party billing company, this refund may be sent directly to that institution to satisfy any outstanding balances before being released to you.

If you have any questions regarding this calculation or the status of your refund, please contact our Customer Service Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name/Department]
[Company Name]