

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

[Date]

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

RE: Notice of Unearned Premium Refund
Policy Number: [Policy Number]
Policy Type: [Type of Insurance]
Cancellation Date: [Cancellation Date]

Dear [Policyholder Name],

This letter is to inform you that we have completed the final audit of your recently cancelled insurance policy referenced above.

As a result of the cancellation effective [Cancellation Date], there is an unearned premium balance remaining on your account. We have calculated a refund in the amount of: **\${Refund Amount}**.

Please find the enclosed check for this amount. This refund represents the portion of the premium you paid in advance for the period of coverage that was not utilized following the cancellation date.

If you have any questions regarding the calculation of this refund or if you would like to discuss future insurance needs, please contact our office at [Phone Number] or [Email Address].

Thank you for your previous business.

Sincerely,

[Agent Name/Signature]
[Title]
[Agency Name]

Enclosure: Refund Check #[Check Number]