

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

[Date]

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

Subject: Notice of Premium Refund - Policy [Policy Number]

Dear [Policyholder Name],

This letter is to confirm that your automobile insurance policy, number [Policy Number], was cancelled effective [Cancellation Date].

Following a final review of your account, we have determined that you are entitled to a refund of unearned premium. This refund represents the portion of your premium paid for coverage that was not utilized due to the cancellation.

Refund Details:

- **Unearned Premium Amount:** \$[Amount]
- **Refund Method:** [Check / Credit Card Reversal / Electronic Transfer]
- **Processing Date:** [Date]

If your refund is being issued via check, please allow 7-10 business days for delivery to your address on file. If the refund is being issued to a credit card or bank account, please allow 3-5 business days for the transaction to appear on your statement.

Please note that if there were any outstanding fees or adjustments on your account at the time of cancellation, they have been deducted from the final refund amount shown above.

If you have any questions regarding this refund or if you would like to discuss future insurance needs, please contact our customer service department at [Phone Number] or visit our website at [Website URL].

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

Sincerely,

[Sender Name/Department]
[Company Name]