

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

[Date]

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

**RE: Notice of Premium Refund**

Policy Number: [Policy Number]  
Policy Type: [Type of Insurance]  
Cancellation Effective Date: [Date]

Dear [Insured Name/Contact Person],

This letter serves as formal notification regarding the premium refund due for the cancellation of the above-referenced insurance policy.

Following the cancellation of your coverage on [Date], we have completed a final audit of your account. The calculation of your unearned premium is as follows:

- Total Annual Premium: \$[Amount]
- Earned Premium (Period of Coverage): \$[Amount]
- Taxes and Fees: \$[Amount]
- **Total Refund Amount: \$[Amount]**

Please find the enclosed check for the refund amount stated above. If your premium was paid via a premium finance company, this refund may have been sent directly to them to settle your outstanding balance, as per your agreement with that institution.

Please note that this refund concludes our obligations under this policy. If you have any questions regarding the calculation of this refund or require further assistance, please contact your insurance agent or our billing department at [Phone Number].

Thank you for your previous business.

Sincerely,

[Name of Representative]  
[Title]  
[Department Name]

Enclosure: [Check Number / Statement of Account]