

[Date]

[Insured Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

RE: Notice of Premium Refund

Policy Number: [Policy Number]

Cancellation Effective Date: [Date]

Dear [Insured Name],

This letter is to confirm the cancellation of the insurance policy referenced above. As a result of this cancellation, we have calculated the unearned premium for the remaining term of your policy.

Please find enclosed a check in the amount of **[\$Amount]**. This represents the refund of the premium paid for the period following the effective date of cancellation.

If you have any questions regarding this refund or your policy status, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for your previous business.

Sincerely,

[Name/Department]

[Company Name]

Enclosure: Refund Check #[Check Number]