

[Current Date]

[Policyholder Name]

[Policyholder Address]

[City, State, Zip Code]

**Subject: Notification of Unearned Premium Refund**

Dear [Policyholder Name],

This letter is to confirm the cancellation of your [Insurance Type] policy, number [Policy Number], effective as of [Cancellation Date].

As a result of this mid-term cancellation, you are entitled to a refund of the unearned premium. This amount represents the portion of your premium payment that applied to the remaining period of the policy term after the cancellation date.

**Refund Details:**

- Total Premium Paid: \$[Amount]
- Earned Premium: \$[Amount]
- **Unearned Premium Refund Amount: \$[Amount]**

The refund will be issued via [Check/Direct Deposit/Original Payment Method] and should be received within [Number] business days.

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

Sincerely,

[Sender Name]

[Title]

[Company Name]