

[Brokerage Name]
[Brokerage 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]
Insurance Carrier: [Carrier Name]
Cancellation Date: [Effective Date of Cancellation]

Dear [Insured Name],

We are writing to inform you that following the cancellation of your insurance policy referenced above, a premium refund has been processed.

The details of your refund are as follows:

- Total Unearned Premium: \$[Amount]
- Less Applicable Fees/Commissions (if any): \$[Amount]
- **Net Refund Amount: \$[Total Refund Amount]**

Enclosed please find a check for the net refund amount. [OR: The refund has been credited back to your original payment method.]

Please note that this refund concludes the financial adjustments for this policy. If you have any questions regarding the calculation of this amount or if you require assistance with a new insurance quote, please contact our office at [Phone Number] or [Email Address].

Thank you for your previous business.

Sincerely,

[Broker Name]
[Title]
[Brokerage Name]