

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

[Date]

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

Subject: Confirmation of Policy Cancellation and Refund

Dear [Policyholder Name],

This letter is to formally confirm that your insurance policy, number [**Policy Number**], has been cancelled effective as of [**Cancellation Date**].

As a result of this cancellation, you are entitled to a refund of the unearned premium. Please find the details of your refund below:

- **Total Refund Amount:** \$[Amount]
- **Refund Method:** [Check / Credit Card Reversal / Direct Deposit]
- **Estimated Processing Time:** [Number] business days

If you have already received this refund, please keep this letter for your records. If you are expecting a check by mail, please allow additional time for delivery.

Please note that as of the cancellation date mentioned above, you no longer have insurance coverage under this policy. We recommend that you secure alternative coverage if necessary to avoid any lapse in protection.

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

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

Sincerely,

[Name of Sender/Department]
[Title]
[Company Name]