

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Department Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation and Request for Unearned Premium Refund

Policyholder Name: [Name on Policy]
Policy Number: [Policy Number]
Cancellation Effective Date: [Date of Cancellation]

To Whom It May Concern,

I am writing to formally request the cancellation of the above-mentioned insurance policy effective [Date].

Please calculate the unearned premium for the remaining period of the policy term. I request that a refund for this prorated amount be issued and sent to my address on file within [Number, e.g., 30] days of this notice.

Please provide written confirmation once the cancellation has been processed and the refund has been mailed.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]