

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

[Date]

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

**Subject: Acknowledgment of Voluntary Policy Cancellation**

Dear [Policyholder Name],

We are writing to formally acknowledge receipt of your request to cancel your insurance policy, [Policy Number], effective [Effective Date of Cancellation].

As per your request, all coverage associated with this policy will cease at 12:01 AM on the date mentioned above. Please note that any claims occurring after this time will not be covered under this policy.

**Refund Information:**

[Select one: Your pro-rated refund of \$[Amount] will be issued within [Number] business days / No refund is due as the policy was paid to the current expiration date.]

**Action Required:**

If you have set up automatic payments through your bank or credit card, please ensure that you have disabled them to avoid any future charges.

We thank you for the opportunity to have served your insurance needs. If you have changed your mind or if you believe this cancellation was processed in error, please contact our customer service department immediately at [Phone Number].

Sincerely,

[Name of Representative]  
[Title]  
[Company Name]