

Insurance Policy Cancellation Acknowledgment

Date: [Insert Date]

Policyholder's Name: [Insert Name]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

We hereby acknowledge the receipt of your request to cancel your insurance policy with us, effective [Insert Effective Cancellation Date]. Your policy number is [Insert Policy Number].

We confirm that your policy will be canceled as per your request, and you will receive a confirmation of this cancellation via mail within the next [Insert Time Frame].

If you have any questions or require further assistance, please do not hesitate to contact our customer service team at [Insert Contact Information].

Thank you for your time with us. We appreciate your business.

Sincerely,

[Insurance Company Name]

[Insurance Company Address]

[Contact Information]