

Insurance Policy Closure Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

Address: [Insert Address]

Dear [Insert Policyholder Name],

We are writing to confirm the closure of your insurance policy with policy number [Insert Policy Number]. Your request for closure has been successfully processed on [Insert Processing Date].

We appreciate the trust you placed in us and hope to serve you again in the future. If you have any questions or require further assistance, please do not hesitate to contact us.

Thank you for choosing [Insert Company Name].

Sincerely,

[Insert Your Name]

[Insert Your Job Title]

[Insert Company Name]

[Insert Contact Information]