

Policy Cancellation Receipt

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Dear [Client's Name],

We acknowledge the receipt of your request to cancel your insurance policy.

Policy Details:

- Policy Number: [Insert Policy Number]
- Type of Policy: [Insert Type of Policy]
- Effective Date: [Insert Effective Date]
- Cancellation Date: [Insert Cancellation Date]

We confirm that the policy has been successfully canceled as of the above cancellation date. Should you have any questions or require further assistance, please do not hesitate to contact us.

Thank you for your understanding.

Sincerely,

[Your Company Name]

[Your Company Contact Information]