

Policy Cancellation Summary

Date: [Insert Date]

To: [Policyholder Name]

Address: [Policyholder Address]

Dear [Policyholder Name],

We regret to inform you that your insurance policy with us has been cancelled effective [Insert Cancellation Date]. Below is a summary of your policy cancellation:

Policy Details

Policy Number: [Insert Policy Number]

Type of Policy: [Insert Policy Type]

Cancellation Summary

Cancellation Date: [Insert Cancellation Date]

Reason for Cancellation: [Insert Reason]

Refund Amount: [Insert Amount if applicable]

Important Information

If you have any questions regarding your cancellation, please do not hesitate to contact our customer service team at [Insert Phone Number] or [Insert Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Contact Information]