Policy Termination Confirmation

Date: [Insert Date]

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

Dear [Recipient Name],

We are writing to confirm the termination of your policy number [Policy Number], effective as of [Effective Termination Date]. This termination has been processed according to your request dated [Request Date], and we have taken the necessary steps to ensure that your policy is no longer active.

If you have any questions or need further assistance, please do not hesitate to contact us at [Customer Service Phone Number] or [Customer Service Email].

Thank you for your past business.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Company Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]