

# Insurance Cancellation Confirmation

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, ZIP Code]

Dear [Insured's Name],

We are writing to confirm the cancellation of your personal insurance policy, policy number [Policy Number], effective [Cancellation Date].

Your request for cancellation has been processed, and you will receive a final statement detailing any remaining premiums due or refunds applicable to your account.

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

Thank you for being a valued customer.

Sincerely,

[Insurance Company Name]

[Customer Service Department]