

Notice of Refund for Cancellation of Insurance Policy

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are writing to inform you that your insurance policy with policy number [Insert Policy Number] has been successfully cancelled as of [Insert Cancellation Date].

As per the terms of our agreement, you are entitled to a refund of the premiums paid for the unused portion of your policy. The total amount of your refund is [Insert Refund Amount].

Your refund will be processed and mailed to the address provided above within [Insert Time Frame] business days. If you have any questions regarding your refund or the cancellation process, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]