

Transport Fleet Insurance Renewal Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally notify you that I wish to cancel the renewal of our transport fleet insurance policy (Policy Number: [Insert Policy Number]) which is set to renew on [Insert Renewal Date].

Due to [brief reason for cancellation, e.g., "changes in our fleet operations"], we have decided to discontinue our coverage with your company.

Please confirm the cancellation of the policy effective immediately and provide any necessary documentation or next steps required on our part.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]