

Objection to Insurance Policy Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I am writing to formally object to the cancellation notice for my insurance policy #[Policy Number], received on [Date of Notice]. I believe that this cancellation is unwarranted due to [state your reasons clearly, e.g., missed payments, policy terms, etc.].

I request a thorough review of my account and the circumstances surrounding this decision. As a loyal customer, I would appreciate your consideration of the information provided and hope we can resolve this matter amicably.

Please contact me at your earliest convenience to discuss this situation further.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]