

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],

I am writing to formally notify you of my decision to cancel the insurance policy with the policy number [Insert Policy Number], effective immediately. This cancellation is due to a dispute regarding [briefly describe the nature of the dispute].

Despite my attempts to resolve this matter, I have not received a satisfactory response. Therefore, I request that you halt any further processing related to this policy.

Please provide written confirmation of the cancellation and any necessary documentation regarding this disputed transaction. I expect to receive this confirmation within [insert time frame, e.g., 15 business days].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]