

Cancellation of Insurance Policy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally notify you of my request to cancel my insurance policy with the policy number [Policy Number], effective immediately. I have decided that I no longer require this policy.

Please confirm the cancellation of my policy and ensure that no further charges are applied. If there are any final documents or procedures that I need to complete, please let me know.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]