

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Termination of Insurance Coverage**

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my decision to terminate my insurance coverage with [Insurance Company Name], effective [Effective Termination Date]. My policy number is [Policy Number].

After careful consideration, I have decided to pursue other options that better meet my needs. Please confirm the termination of my coverage and any final transactions associated with my account.

Thank you for your assistance in this matter. I appreciate the services provided during the term of my policy.

Sincerely,

[Your Name]