

Termination Notice for Auto Insurance Policy Transfer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally notify you of my intention to terminate my auto insurance policy with your company, effective [Insert Effective Date]. This decision is made in anticipation of transferring my policy to another insurer.

My policy number is [Insert Policy Number]. Please consider this letter as the official notice required by our agreement. I would appreciate it if you can confirm the termination of my policy and any applicable refunds that may be due to me.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]