

Cancellation Notice

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I am writing to formally notify you of my intent to cancel my insurance policy with the policy number [Insert Policy Number], effective immediately/on [Insert Effective Date].

I have decided to discontinue this policy due to [brief reason for cancellation, if desired]. Please consider this letter as my official cancellation notice.

Kindly send me a confirmation of the cancellation at your earliest convenience. If there are any further processes or forms I need to complete, please let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]