

Insurance Policy Cancellation Request

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request the cancellation of my insurance policy with the following details:

Policy Number: [Insert Policy Number]

Policy Holder's Name: [Your Name]

Contact Number: [Your Phone Number]

Email Address: [Your Email Address]

Please consider this letter as my official notice of cancellation. I request that you confirm the cancellation and any final billing or refund processes that may be applicable.

Thank you for your prompt attention to this matter. If you require any further information, please feel free to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]