

# Letter of Intention to Terminate Insurance Policy

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to formally notify you of my intention to terminate my insurance policy with the policy number [Your Policy Number], effective [Desired Termination Date].

Please let me know if any further actions are required on my part to complete this process. I would appreciate a confirmation of the cancellation at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]