

# **Request to Discontinue Insurance Policy**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the discontinuation of my insurance policy with the policy number [Insert Policy Number].

After careful consideration, I have decided that it is in my best interest to terminate this policy effective immediately/as of [Insert Date]. Please confirm the cancellation of my policy and provide any necessary documentation regarding the finalization of this request.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]