

Request for Policy Termination

Date: [Insert date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the termination of my insurance policy with the policy number [Policy Number], effective immediately. After careful consideration, I have decided to discontinue my coverage.

Please confirm the cancellation of my policy in writing and ensure that no further premiums are deducted from my accounts.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending by mail)]

[Your Printed Name]