

# Service Termination Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally request the termination of my insurance policy with the policy number [Your Policy Number]. This decision is effective immediately as of [Effective Termination Date].

Please confirm the cancellation of my policy in writing and provide any final statements or applicable refund information.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]