

Insurance Policy Termination Notice

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]

Subject: Termination of Insurance Policy #[Policy Number]

Dear [Insurance Company Representative's Name],

I am writing to formally request the termination of my insurance policy #[Policy Number], effective immediately.

The reason for this termination is [State Reason, if desired]. Please consider this letter as my official notice, as per the terms and conditions outlined in the policy.

I request a confirmation of the termination in writing and any information regarding final account statements or refunds, if applicable.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]