

# Insurance Policy Cancellation Notice

Policyholder Name: [Your Name]

Address: [Your Address]

City, State, Zip Code: [Your City, State, Zip]

Date: [Current Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Policy Number: [Your Policy Number]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy, effective immediately.

Please consider this letter as a written notice of cancellation for policy number [Your Policy Number]. I request that you confirm the cancellation in writing and provide any necessary details regarding the termination of coverage.

If further information is required to process my request, please do not hesitate to reach out to me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]