

Insurance Policy Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company],

I am writing to formally request the cancellation of my insurance policy with your company.

Below are the details of my policy:

Policy Number: [Insert Policy Number]

Type of Insurance: [Insert Type of Insurance]

I would like to request a cancellation effective immediately / on [Insert Date]. Please confirm the cancellation and inform me of any final steps that I need to undertake.

Thank you for your attention to this matter. I look forward to receiving your confirmation.

Sincerely,

[Your Name]