

Notice of Cancellation of Insurance Policy

Date: _____

To,

Insurance Company Name

Address Line 1

Address Line 2

City, State, Zip Code

Policy Number: _____

Dear [Insurance Company Name],

I am writing to formally notify you of my decision to cancel my insurance policy, effective immediately. My policy number is listed above.

Please acknowledge the cancellation of my policy and provide any necessary documentation regarding the termination. Additionally, I request that any remaining premium refunds be processed promptly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]