

# Notice of Termination of Insurance Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Termination of Insurance Coverage**

Dear [Insurance Company Name],

I am writing to formally notify you of my intention to terminate my insurance coverage with your company. My policy number is [Insert Policy Number].

Please consider this letter as my official notice of cancellation, effective [Insert Effective Date]. I request that you send me confirmation of the termination of my policy at your earliest convenience.

Thank you for your assistance in this matter. Should you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]