

Termination of Insurance Policy Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

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

After careful consideration, I have decided that I no longer require this coverage. Please confirm the termination of my policy and any final actions required on my part.

Thank you for your assistance. I look forward to your prompt confirmation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]