

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number

Date

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, policy number [Your Policy Number], effective immediately.

According to the terms outlined in our agreement, I believe I have the right to cancel my policy at this time. Please send me a written confirmation of the cancellation and any details regarding refunds, if applicable.

Thank you for your assistance in this matter.

Sincerely,
[Your Signature (if sending a hard copy)]
Your Name