

Policy Application Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of my decision to cancel my application for insurance policy #[Policy Number], submitted on [Application Date]. After careful consideration, I have chosen to pursue a different direction regarding my insurance needs.

Please process this cancellation effective immediately and confirm in writing that my application has been canceled. If there are any final steps I need to complete, please let me know.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Contact Information]