

# Insurance Policy Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy, with policy number [Insert Policy Number]. I have decided to transfer my coverage to another provider and would like to ensure that my current policy is canceled promptly.

Please confirm the receipt of this request and the cancellation date. I would appreciate a written confirmation of the cancellation for my records.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]