

Formal Notice of Insurance Coverage Redundancy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notice of Redundancy of Insurance Coverage

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of the redundancy of my insurance coverage, policy number [Policy Number], effective [Effective Date]. After careful consideration, I have determined that my current coverage is no longer necessary due to [brief explanation of the reason, e.g., change in circumstances, acquiring new coverage, etc.].

Please confirm the termination of this policy in writing at your earliest convenience. Should you require any further information to process this request, feel free to contact me at the above telephone number or email address.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]