

# Insurance Cancellation Confirmation Request

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request confirmation of the cancellation of my insurance policy with your company. The details of the policy are as follows:

Policy Number: [Your Policy Number]  
Policyholder Name: [Your Name]  
Cancellation Effective Date: [Effective Cancellation Date]

Please send me a written confirmation that my policy has been successfully canceled. If there are any further actions needed on my part, kindly let me know.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]