

Insurance Policy Cancellation Notice

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 notify you of my decision to cancel my insurance policy with the policy number [Insert Policy Number], effective [Insert Effective Date of Cancellation].

This decision is due to [briefly state reason, if desired]. I request that you provide me with a confirmation of the cancellation and any final documents related to my policy.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]