

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Cancellation of Auto Coverage

Dear [Insurance Company Representative's Name],

I am writing to formally request the cancellation of my auto insurance policy, effective [desired cancellation date]. My policy number is [policy number].

Due to [reason for cancellation, e.g., selling the vehicle, switching providers, etc.], I no longer require coverage. Please confirm the cancellation and any applicable refund for the unused premium.

Thank you for your prompt attention to this matter. I look forward to your confirmation.

Sincerely,

[Your Name]