

Auto Insurance Policy Revoke Request

To: [Insurance Company Name]

Address: [Insurance Company Address]

Date: [Insert Date]

Dear [Insurance Company Name],

I am writing to formally request the revocation of my auto insurance policy with policy number [Insert Policy Number]. After careful consideration, I have decided that I no longer wish to continue with this policy.

Please consider this letter as my official request to cancel the policy effective immediately. I kindly ask you to confirm the cancellation in writing and inform me of any next steps I need to take.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]