

Cancellation Confirmation - Car Insurance

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 or Contact Person],

This letter is to confirm the cancellation of my car insurance policy, effective [Insert Cancellation Date]. My policy number is [Insert Policy Number].

I appreciate the service provided during my time with your company and would like to ensure that any pending balances are cleared. Please send me a written confirmation when this cancellation is processed.

Thank you for your attention to this matter.

Sincerely,

[Your Name]