

Request to Cancel Car Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my car insurance policy, [Policy Number], effective immediately. I would appreciate a confirmation of the cancellation in writing.

Thank you for your attention to this matter. Please let me know if you require any further information.

Sincerely,

[Your Name]