

# Insurance Cancellation Confirmation

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],

This letter serves as a confirmation of the cancellation of our commercial insurance policy with policy number [Insert Policy Number], effective [Insert Effective Date of Cancellation].

We kindly request that you send us a confirmation of this cancellation and any applicable refund details.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]