

# Cancellation of Named Driver Insurance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of the named driver insurance policy associated with my account.

Policy Number: [Your Policy Number]

Name of Named Driver: [Name of Named Driver]

Please process this cancellation effective as of [Desired Cancellation Date]. I would appreciate a confirmation of the cancellation and any final documents required.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]