

Notice of Cancellation of Insurance Policy

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 Agent's Name],

I am writing to formally notify you of the cancellation of my insurance policy [Policy Number], effective [Cancellation Date]. This decision is based on [brief reason for cancellation, if desired].

Please confirm the cancellation of my policy in writing and provide me with any necessary documentation regarding the termination of coverage. If there are any final payments or refunds due to me, I would appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]