Insurance Termination Notification

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Termination of Insurance Policy #[Policy Number]

We are writing to formally notify you that we are terminating our insurance policy #[Policy Number] with [Insurance Company Name] effective [Termination Date]. This decision has been made based on [Brief Reason for Termination, if applicable].

We request that you send us any final documentation regarding the termination of this policy, including any final statements or confirmations.

Thank you for your services during the term of this policy. Please confirm receipt of this notification.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]