

# Letter of Intent to Cancel Insurance Coverage

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

## **Subject: Intent to Cancel Insurance Coverage**

Dear [Insurance Company Representative's Name],

I am writing to formally notify you of my intent to cancel my insurance policy with [Insurance Company Name], effective [Cancellation Date]. My policy number is [Policy Number].

After careful consideration, I have decided to explore other options that better meet my needs. Please process this cancellation and send me confirmation of the same as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]