

# Notice to Discontinue 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]

Subject: Notice to Discontinue Insurance Policy

Dear [Insurance Company Name],

I am writing to formally notify you of my decision to discontinue my insurance policy, effective [Insert Effective Date]. My policy number is [Insert Policy Number].

I request that you confirm the cancellation of my policy and any necessary final transactions by [Insert Deadline for Confirmation].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]