

Request to Terminate Insurance Services

[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's Customer Service],

I am writing to formally request the termination of my insurance services with [Insurance Company Name]. My policy number is [Policy Number].

After careful consideration, I have decided to discontinue my insurance coverage effective [Desired Termination Date]. Please confirm the cancellation of my policy in writing and ensure that no further payments will be deducted from my account.

I would appreciate your prompt attention to this matter. Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]