

Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative],

Subject: Notice of Cancellation of High-Risk Insurance Policy

I am writing to formally notify you of the cancellation of my high-risk insurance policy, with the policy number [Insert Policy Number]. This decision is effective immediately, as I have made alternative arrangements for my insurance coverage.

Please provide written confirmation of the cancellation, including the date it is effective and any applicable refunds or final settlement amounts.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]