

Auto Insurance Cancellation Request

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]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my auto insurance policy with the policy number [Your Policy Number], effective [Desired Cancellation Date].

Please confirm the cancellation of my policy and any refunds that may be applicable.

Thank you for your assistance.

Sincerely,

[Your Name]