

Business Insurance Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I am writing to formally request the cancellation of our business insurance policy with the policy number [Insert Policy Number], effective [Insert Effective Cancellation Date].

After careful consideration, we have decided to discontinue our coverage for reasons including [briefly mention reasons, if applicable]. Please confirm the cancellation of our policy and any final steps we need to take.

Thank you for your assistance. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you have any questions.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]