

Insurance Policy Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To,

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Subject: Request for Cancellation of Insurance Policy

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy with the following details:

- Policy Number: [Your Policy Number]
- Type of Insurance: [Type of Insurance]
- Effective Date: [Effective Date]

Due to [brief reason for cancellation], I have decided to discontinue my current policy. Please process this cancellation effective immediately and provide me with a written confirmation once it has been completed.

If there are any forms or additional information required for this process, please let me know at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]