

Loan Insurance Premium Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the cancellation of my loan insurance premium for policy number [Insert Policy Number], effective immediately.

Due to [brief explanation of reason for cancellation], I have decided to terminate this insurance coverage. Please confirm the cancellation and any final details regarding my account.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Contact Information]