

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 Name],

Re: Cancellation of Contractor Insurance Policy #[Policy Number]

I am writing to formally request the cancellation of my contractor insurance policy effective [Insert Effective Cancellation Date]. Please consider this letter as my official notice of cancellation as per the terms outlined in our agreement.

Policy Details:

- Policyholder Name: [Your Name]
- Policy Number: [Policy Number]
- Effective Date: [Original Start Date]

Please confirm the cancellation of this policy via [email/ mailing address] and ensure that no further payments will be deducted from my account.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]