

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Subject: Cancellation of Auto Insurance Policy

Dear [Insurance Company Name],

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

Please confirm the cancellation of my policy in writing and inform me of any final details regarding premiums or refunds that may apply.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]