

Insurance Policy Cancellation Request

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Date: [Current Date]

Policy Holder: [Your Name]

Policy Number: [Your Policy Number]

Dear [Insurance Company Contact/Customer Service],

I am writing to formally request the cancellation of my insurance policy with the above Policy Number effective immediately as of [Effective Cancellation Date].

As per the terms of the policy, I understand that I am required to provide a written notice of cancellation. Please process this request and send me written confirmation of the policy cancellation.

If there are any additional steps required on my part or further information needed, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Address]

[City, State, ZIP Code]