

Letter of Intent to Cancel Insurance Policy

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Insurance Company Address
City, State, Zip Code

Dear [Insurance Company Name],

I am writing to formally notify you of my intent to cancel my insurance policy with the following details:

Policy Number: [Your Policy Number]
Type of Insurance: [Type of Insurance]

Please consider this letter as my official request to terminate the insurance coverage effective immediately. I request that you send me written confirmation of the cancellation and any remaining balance or refunds if applicable.

Thank you for your assistance in this matter.

Sincerely,
[Your Name]