

Cancellation Notice and Refund Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request the cancellation of my insurance policy [Policy Number] effective immediately. I would like to request a refund of any unearned premium for the period following the cancellation.

Please confirm the cancellation of my policy and the processing of my refund at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]