

Cancellation and Refund Request Letter

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]

[Insurance Company Name]
[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. Due to [brief reason for cancellation, if necessary], I have decided to discontinue my coverage.

Additionally, I would like to request a refund of any remaining premium for the unused portion of my policy. Please find attached any required documents to facilitate this process.

I appreciate your prompt attention to this matter and look forward to receiving confirmation of the cancellation as well as the refund details.

Thank you for your assistance.

Sincerely,
[Your Name]