

# Insurance Cancellation Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Request for Insurance Cancellation and Refund**

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy, [Policy Number], effective immediately. Due to [reason for cancellation], I no longer require this coverage.

As I have paid my premiums in advance, I kindly request a refund for the unused portion of my premium. Please find attached copies of my policy documents and payment receipts for your reference.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation of my policy cancellation and details regarding my refund.

Sincerely,

[Your Name]