

# Notification of Insurance Policy Termination

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Department],

I am writing to formally notify you of the termination of my insurance policy, with the policy number [Insert Policy Number], effective immediately/ on [insert effective termination date].

Please confirm the receipt of this notification and provide any necessary information regarding the termination process, including any final statements or refunds due, if applicable.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]