

# Insurance Policy Endorsement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

## **Subject: Request for Cancellation of Coverage**

Dear [Insurance Company Contact/Customer Service],

I am writing to formally request an endorsement to my current insurance policy, policy number [Insert Policy Number], for the purpose of canceling coverage effective [Insert Desired Cancellation Date].

Due to [briefly explain reason for cancellation, e.g., change in risk, financial reasons, or changes in personal circumstances], I have decided to discontinue my coverage.

Kindly confirm the cancellation of my policy in writing and outline any actions I need to take to finalize this process. I appreciate your attention to this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]