

# Insurance Coverage Discontinuation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Notice of Discontinuation of Insurance Coverage

Dear [Insurance Company Representative/Customer Service],

I am writing to formally notify you of my decision to discontinue my insurance coverage with [Insurance Company Name] for the policy number [Policy Number].

This decision comes into effect as of [Effective Date]. Please consider this letter as my official notice as per the terms of our contract.

It has been a pleasure to be insured with your company, and I appreciate the service I have received. Please confirm the cancellation of my policy and any final steps required on my part.

If you have any questions or require further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]