

Insurance Policy Cancellation Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

Policy Number: [Insert Policy Number]

I am writing to formally request the cancellation of my insurance policy with the above-mentioned policy number, effective immediately.

Please confirm the cancellation of my policy in writing and ensure that no further payments are deducted from my account.

Thank you for your attention to this matter. If you need any further information, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]