

Notice of Cancellation of Insurance Service

Date: [Insert Date]

To,

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you of the cancellation of my insurance policy with [Insurance Company Name]. My policy number is [Policy Number]. This cancellation is effective immediately as of [Insert Cancellation Date].

Please confirm the cancellation of my policy and the cessation of all premiums after the cancellation date. I would appreciate it if you could send a written confirmation regarding this cancellation.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]