

Letter to Terminate Insurance Agreement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy with the policy number [Insert Policy Number]. I would like this cancellation to take effect on [Insert Desired Cancellation Date].

Please confirm the cancellation and inform me of any final steps I need to take. I appreciate your assistance in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]