

Request to Terminate Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the termination of my insurance policy with your company. Please find the details of my policy below:

Policy Number: [Insert Policy Number]

Type of Insurance: [Insert Type]

I would like to request that the service be terminated effective immediately as of [desired termination date]. Please confirm the cancellation of my policy and any necessary next steps regarding the return of any unused premium.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]