## **Insurance Cancellation Letter**

Your Name Your Address City, State, Zip Code Email Address Phone Number Date

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 following details:

- Policy Number: [Your Policy Number]
- Type of Insurance: [Type of Insurance]

Please consider this letter as my official notice of cancellation, effective [desired cancellation date]. I would appreciate written confirmation of the cancellation and any refund of premiums due.

Thank you for your attention to this matter.

Sincerely, [Your Name]