

Insurance Policy Termination Notice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Termination of Insurance Policy #[Policy Number]

Dear [Insurance Company Name],

I am writing to formally notify you of the termination of my insurance policy #[Policy Number] effective [Termination Date]. I request that you cease all coverage as of this date.

I would appreciate a written confirmation of the termination at your earliest convenience. Please let me know if any additional steps are required on my part or if there are any final premiums to be settled.

Thank you for your attention to this matter.

Sincerely,

[Your Name]