Insurance Service Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the cancellation of my insurance policy #[Insert Policy Number], effective [Insert Effective Cancellation Date].

Please confirm that my policy has been cancelled and that no further payments will be deducted from my account.

If you require any additional information to process my request, please do not hesitate to contact me at the number listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]