

Letter of Intent to Cancel Insurance Policy

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to formally notify you of my intent to cancel my insurance policy, policy number [Policy Number], effective [Cancellation Date].

Please confirm the cancellation of my policy and any final billing or refunds due to me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]