

# Notice of Insurance Cancellation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Notice of Cancellation of Insurance Policy

Dear [Insurance Company Representative],

I am writing to formally notify you of my intent to cancel my insurance policy with your company, effective [Cancellation Effective Date]. My policy number is [Your Policy Number].

Please confirm the cancellation of my policy in writing to my address listed above. I would also appreciate confirmation of any final payments or refunds that may be applicable.

Thank you for your assistance in this matter.

Sincerely,

[Your Name]