

# Request to Discontinue Insurance Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Name],

I am writing to formally request the discontinuation of my insurance services with policy number [Your Policy Number], effective immediately.

Please confirm the cancellation of my policy in writing and let me know if there are any further steps I need to take. I appreciate your cooperation in this matter.

Thank you for your attention to this request.

Sincerely,

[Your Name]