

Insurance Policy Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy with the policy number [Insert Policy Number], effective immediately. After careful consideration, I have decided to terminate my coverage.

Please confirm the cancellation in writing and provide any necessary information regarding the final steps, including any potential refunds or amounts due.

Thank you for your attention to this matter.

Sincerely,

[Your Name]