

Cancellation Request for Loan Insurance Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request the cancellation of my loan insurance policy, policy number [Insert Policy Number], effective immediately.

Due to [briefly state reason for cancellation, if desired], I have decided that it is in my best interest to discontinue this policy.

Please confirm the cancellation of my policy in writing and inform me of any final steps that may be required on my part.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]