[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Current Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Notice of Cancellation - Policy Number: [Your Policy Number]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my automobile insurance policy, number [Your Policy Number], effective [Date of Cancellation].

I have decided to transition my coverage to another carrier. I request that you stop all automatic payments and recurring charges associated with this policy as of the effective date mentioned above.

Please send a written confirmation of this cancellation and a refund of any unearned premiums to my mailing address on file. If there are any forms required to finalize this request, please send them to me immediately.

Thank you for your service.

Sincerely,

[Your Signature]

[Your Printed Name]