

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

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

RE: Notice of Policy Cancellation

To Whom It May Concern,

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

I request that all coverage under this policy be terminated as of 12:01 AM on the date specified above. Please stop all automatic debits or premium payments associated with this account immediately.

If there is any unearned premium remaining on this account, please issue a refund check and mail it to my address listed above within 30 days.

Please send a written confirmation of this cancellation for my records.

Sincerely,

[Your Signature]

[Your Printed Name]