[Current Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

Subject: Action Required: Signature Needed for Umbrella Policy Cancellation

Dear [Insured Name],

We have received your request to cancel your Umbrella Insurance Policy, number [Policy Number], effective [Cancellation Date].

To finalize this process and ensure the policy is legally terminated, we require your formal signature on the attached cancellation form. Please review the document and sign where indicated.

Please return the signed document to our office via one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

Please note that your coverage remains active until this signed document is processed. If you have any questions regarding this request, please contact us at [Phone Number].

Sincerely,

[Your Name/Agent Name]
[Agency/Company Name]