[Date]

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

**Subject: Action Required: Signature Needed for Policy Cancellation**

Dear [Client Name],

We have received your request to cancel your insurance policy, [Policy Number], effective [Cancellation Date].

To finalize this process and ensure your coverage is terminated as requested, we require your signature on the attached Cancellation Request/Lost Policy Release form.

**Please follow these steps:**

- Review the attached document for accuracy.
- Sign and date where indicated.
- Return the signed form to our office via [Email/Fax/Mail].

Please note that we cannot process the cancellation or stop future premium billings until this signed document is received. If you have secured replacement coverage, please ensure there is no gap between the policies.

If you have any questions or have changed your mind about canceling, please contact us immediately at [Phone Number].

Sincerely,

[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]