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

[Date]

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

RE: Request to Finalize Policy Cancellation

Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Date you want coverage to end]

To Whom It May Concern,

I am writing to formally request the finalization and processing of the cancellation for the above-referenced insurance policy. Please terminate all coverage associated with this policy effective as of [Date].

I request that you provide written confirmation that this policy has been canceled and that no further premiums will be charged. If there is any unearned premium remaining on my account, please issue a refund check to my mailing address listed above within 30 days.

Please stop all automatic payments or recurring charges linked to this policy immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]