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

[Date]

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

Subject: Notice of Voluntary Policy Cancellation and Non-Renewal

To Whom It May Concern,

Please accept this letter as formal notification that I am requesting the cancellation of my insurance policy and do not wish to renew it for the upcoming term.

Policy Details:
Policy Type: [e.g., Auto, Home, Health]
Policy Number: [Your Policy Number]
Cancellation Effective Date: [Date you want the policy to end]

I request that all coverage associated with this policy be terminated as of 11:59 PM on the effective date listed above. I also request a written confirmation of this cancellation and a statement confirming that no further premiums are due.

If any unearned premiums have been paid in advance, please issue a refund check to my mailing address provided above within [Number] business days.

Please stop any automatic withdrawals or recurring charges associated with this policy immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]