

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

[Insurance Company Name]  
[Agent or Contact Name]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Request for Cancellation of Workers' Compensation Policy**

Policy Number: [Your Policy Number]  
Effective Date of Cancellation: [Date Cancellation Should Start]

To Whom It May Concern,

I am writing to formally request the cancellation of the Workers' Compensation insurance policy listed above, effective as of [Date].

The reason for this cancellation is [Reason: e.g., switching to a new provider, business closure, or no longer having employees].

Please provide written confirmation of this cancellation and a statement regarding any outstanding premiums or any pro-rata refunds due to our company. If a refund is applicable, please mail the check to the address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Signature]

[Printed Name]  
[Job Title/Owner]