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

[Date]

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

Re: Immediate Cancellation of Policy #[Your Policy Number]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my automobile insurance policy, number [Your Policy Number], effective immediately as of [Today's Date].

The reason for this immediate cancellation is the suspension of my driver's license. As I am legally unable to operate a motor vehicle, I no longer require coverage for the vehicle(s) listed under this policy.

I request a written confirmation of this cancellation and a refund of any unearned premiums paid for the remainder of the policy term. Please mail the refund check and the cancellation confirmation to my address listed above.

Please stop all automatic debits or billing cycles associated with this policy immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]