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

[Date]

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

**RE: Notice of Cancellation for Policy Number: [Your Policy Number]**

Dear Customer Service Department,

I am writing to formally request the cancellation of my automobile insurance policy, effective as of [Cancellation Date].

The reason for this cancellation is that my driver's license has been suspended, and I will no longer be operating a motor vehicle. Please stop all automatic payments and billing associated with this policy as of the effective date mentioned above.

Please send me a written confirmation of this cancellation, along with a refund for any unused premiums that have already been paid for the remainder of the policy term.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]