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

[Date]

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

RE: Cancellation of Insurance Policy [Your Policy Number]

To Whom It May Concern,

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

The reason for this cancellation is the suspension of my driver's license. As I am no longer legally permitted to operate a motor vehicle, I no longer require coverage for the following vehicle(s):

- Year: [Year]
- Make: [Make]
- Model: [Model]
- VIN: [Vehicle Identification Number]

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

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]