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

[Date]

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

RE: Formal Declaration of Policy Cancellation
Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Date]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-mentioned automobile insurance policy effective immediately, or as of [Date].

This request is being made due to a formal suspension of my driving privileges. As I am legally unable to operate a motor vehicle at this time, I am requesting the termination of coverage and the cessation of all future premium charges associated with this policy.

Please provide written confirmation of this cancellation and a statement confirming the final status of the account. Furthermore, please issue a pro-rated refund for any unused premiums already paid for the remaining term of the policy. The refund should be sent to my mailing address listed above.

If there are any specific forms required to finalize this request, please forward them to me immediately.

Sincerely,

[Your Signature]

[Your Printed Name]