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

[Date]

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

RE: Notice of Policy Cancellation
Policy Number: [Your Policy Number]
Effective Date of Cancellation: [Date you want coverage to end]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my auto insurance policy, effective [Date].

The reason for this cancellation is that my driver's license has been suspended, and I will no longer be operating the vehicle covered under this policy. I understand that I am responsible for any outstanding balance up until the cancellation date.

Please send a written confirmation of this cancellation to the address listed above. Additionally, if there are any unearned premiums remaining on my account, please issue a refund check to my mailing address within 30 days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]