

[Your Company Name]
[Your Company Address]
[City, State, Zip Code]
[Date]

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

RE: Notice 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-referenced insurance policy effective [Date].

This decision is the result of significant operational changes within our company. Due to [briefly mention change, e.g., the permanent closure of our manufacturing facility / the sale of our fleet / a shift to a digital-only business model], the current coverage is no longer required for our business needs.

Please stop all automatic payments and premium withdrawals associated with this policy as of the cancellation date. We request that any unearned premiums be calculated and refunded to our mailing address listed above.

Please provide a written confirmation of this cancellation and a statement showing the final status of the account within [Number] business days.

Thank you for your assistance.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]