

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

[Insurance Company Name]
[Policy Manager/Agent Name]
[Insurance Company Address]
[City, State, Zip Code]

RE: Notice of Cancellation of Insurance Portfolio - Policy Number(s): [Insert Policy Numbers]

To [Name of Contact Person or Department],

Please accept this letter as formal notification that [Your Company Name] is undergoing a strategic operations shift. As a result of this restructuring and a realignment of our business requirements, we have decided to cancel our current insurance portfolio with [Insurance Company Name].

We request the cancellation of the following policies effective as of [Cancellation Effective Date]:

- [Policy Type and Number 1]
- [Policy Type and Number 2]
- [Policy Type and Number 3]

Please cease all automatic renewals and premium withdrawals associated with these accounts as of the effective date mentioned above. We request a written confirmation of this cancellation and a statement regarding any pro-rated premium refunds due to us for the remaining unexpired terms of these policies.

Please forward all final documents and refund checks to the address listed at the top of this letter.

Thank you for your past services. Should you require further information regarding this operational transition, please contact [Contact Person Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Typed Name]
[Job Title]
[Your Company Name]