[Current Date]

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

RE: Notice of Cancellation for Personal Umbrella Policy

Policyholder Name: [Your Full Name]

Policy Number: [Your Policy Number]

Effective Date of Cancellation: [Date you want the policy to end]

To Whom It May Concern,

Please accept this letter as formal notification to cancel my Personal Umbrella Policy, effective [Date].

I am requesting this cancellation due to the recent frequency of claims and the subsequent changes in my premium and eligibility status. I have decided to seek alternative coverage options at this time.

Please stop all automatic debits or billing cycles associated with this policy as of the cancellation date. If there are any unearned premiums remaining on my account, please issue a refund check to the mailing address listed below within 30 days.

Please send a written confirmation of this cancellation for my records.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Mailing Address]