

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Claims Department Address:** [Insert Address]

**City, State, Zip:** [Insert City, State, Zip]

**Subject:** Notice of Policy Cancellation and Overlapping Incident Claim

**Policy Number:** [Insert Policy Number]

**Claim Number (if applicable):** [Insert Claim Number]

**Date of Incident:** [Insert Date of Incident]

Dear Claims Representative,

I am writing to formally request the cancellation of my insurance policy, [Insert Policy Number], effective as of [Insert Cancellation Effective Date].

Please be advised that an incident occurred on [Insert Date of Incident] at approximately [Insert Time]. This incident took place prior to the requested cancellation time and while the policy was still active and in full force. I am submitting this letter to ensure that the claim associated with this incident is processed and covered under the terms of the policy, despite the subsequent cancellation of the account.

The details of the incident are as follows:

- **Location:** [Insert Location]
- **Description:** [Insert Brief Description of What Happened]
- **Parties Involved:** [Insert Names of Other Parties, if any]

Please confirm receipt of this cancellation request and provide written acknowledgment that the claim filed for the [Insert Date] incident will be handled under the active coverage period. I expect a pro-rata refund of any unearned premiums paid beyond the cancellation date.

Thank you for your prompt attention to this matter. I look forward to receiving confirmation within [Insert Number] business days.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]