

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

[Date]

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

RE: Notice of Policy Cancellation

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 the insurance policy listed above. The cancellation should be effective as of [Date].

I request that you stop all automatic payments or premium withdrawals associated with this account immediately. Please send a written confirmation of this cancellation for my records.

If there are any unused premiums remaining on this account, please issue a refund check for the pro-rated amount to my mailing address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]