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

[Existing Insurer Name]
[Existing Insurer Address]
[City, State, Zip Code]

RE: Notice of Policy Replacement
Policyholder: [Your Name]
Policy Number: [Current Policy Number]

To Whom It May Concern,

Please be advised that I have decided to replace the above-referenced insurance policy with a new policy issued by [New Insurance Company Name].

In accordance with state regulations and policy terms, this letter serves as formal notification of the replacement. I request that my current coverage under policy number [Current Policy Number] be terminated effective as of [Cancellation Date].

Please confirm the receipt of this notice and provide written confirmation of the cancellation date. If there are any unearned premiums remaining on my account, please issue a refund check to my address listed above within [Number] business days.

Should you require any further documentation or have questions regarding this request, please contact me directly.

Sincerely,

[Your Signature]
[Your Printed Name]

cc: [New Insurance Company Name or Agent Name]