

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

[Date]

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

**RE: Notice of Policy Cancellation**

Dear Customer Service Department,

I am writing to formally request the cancellation of my insurance policy, effective as of [Date].

**Policy Details:**

Policy Type: [Type of Policy, e.g., Auto, Home, Life]  
Policy Number: [Your Policy Number]

Please stop all automatic payments or recurring charges associated with this policy from the effective date mentioned above. I also request a written confirmation of this cancellation and a refund of any unearned premiums that have been paid in advance.

Please send the confirmation and any applicable refund to the address listed at the top of this letter.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]