

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Recipient Name/Insurance Company]

[Recipient Address]

[City, State, Zip Code]

**RE: Notice of Policy Cancellation**

Policy Number: [Insert Policy Number]

Policy Type: [Insert Type, e.g., Auto, Home, Health]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the above-mentioned insurance policy. I request that the cancellation be effective as of [Date of Cancellation].

I understand that any coverage provided by this policy will cease on the effective date. Please stop all automatic payments or recurring charges associated with this account immediately.

Please send a written confirmation of this cancellation and issue a refund for any unearned premiums or prepaid balances to my address on file.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]