

[Your Name/Business Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Agent or Contact Person Name]

[Insurance Company Address]

[City, State, Zip Code]

**RE: Request to Cancel Equipment Breakdown Endorsement**

Policy Number: [Your Policy Number]

To Whom It May Concern,

Please accept this letter as a formal request to cancel the **Equipment Breakdown Endorsement** currently attached to the above-referenced insurance policy.

I would like this cancellation to be effective as of [Effective Date of Cancellation].

I understand that by removing this endorsement, I will no longer have coverage for property damage or business interruption resulting from the mechanical or electrical breakdown of my equipment. Please adjust my premium accordingly and provide a confirmation notice once the endorsement has been removed.

If there are any forms required to finalize this request, please send them to me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Signature]

[Printed Name]

[Title, if applicable]