

[Your Name/Business Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Insurance Company Name]

[Insurance Agent/Broker Name]

[Address]

[City, State, Zip Code]

RE: Cancellation of Business Interruption Endorsement

Policy Number: [Your Policy Number]

Dear [Name of Agent or Company Representative],

I am writing to formally request the cancellation of the Business Interruption Endorsement/Coverage currently attached to my insurance policy, [Policy Number].

Please process this cancellation effective as of [Requested Effective Date]. I understand that this request only pertains to the Business Interruption portion of my policy and that all other coverages shall remain in full force and effect.

I request that any unearned premiums resulting from this cancellation be calculated and refunded to me at the address listed above or credited to my remaining policy balance.

Please provide written confirmation once this endorsement has been removed and the policy has been updated.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Position]