[Your Full Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Insurance Company Name]
[Insurance Company Address]

Subject: Cancellation of Policy [Policy Number] and Refund Request

To Whom It May Concern,

Please accept this letter as formal notification to cancel my insurance policy, number [Policy Number], effective as of [Cancellation Date].

I am requesting a full cancellation of all coverage associated with this policy. Please stop any future automatic payments or premium deductions from my account immediately.

According to my records, I have paid my premiums in advance. Therefore, I am requesting a refund of any unearned premiums for the remaining period of the policy. Please send the refund check to the mailing address listed above or process the credit back to my original payment method within [Number] business days.

Please provide written confirmation of this cancellation and details regarding the refund amount I should expect to receive.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]