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

[Date]

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

RE: Cancellation of Rideshare Gap Coverage

Policy Number: [Your Policy Number]
Vehicle Identification Number (VIN): [Your VIN]

To Whom It May Concern,

Please accept this letter as formal notification to cancel the rideshare/gap coverage endorsement currently active on my auto insurance policy. I am requesting this specific cancellation to be effective as of [Cancellation Date].

I am cancelling this coverage because [Reason for cancellation, e.g., I am no longer driving for rideshare platforms / I have sold the vehicle].

Please note that I wish to keep all other standard liability and comprehensive/collision coverages active on my primary policy; I am only requesting the removal of the rideshare-specific gap endorsement.

Please send a written confirmation of this change and a statement showing any prorated refund or adjusted premium balance to my address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]