

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

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

Subject: Cancellation of Insurance Policy

Dear [Insurance Company Name],

I am writing to formally request the cancellation of my insurance policy with the following details:

- Policy Number: [Your Policy Number]
- Type of Insurance: [e.g., Auto, Home, Health]
- Effective Date of Cancellation: [Desired Cancellation Date]

Please confirm the cancellation of my policy in writing and ensure that no further premiums are deducted from my account.

If there are any forms or additional information required from my side, please let me know.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]