

Insurance Policy Cancellation Request

[Date]

Via Certified Mail – Return Receipt Requested

[Insurance Company Name]

[Insurance Company Address] (include department or contact name, if known)

Re: Cancellation of Policy

Insured: [Insert Named Insured's name here – to be found on the Declaration page of your policy]

Policy Number: [Insert Policy Number here – to be found on the Declaration page of your policy]

Policy Period: [Insert Policy Number here – to be found on the Declaration page of your policy]

Dear Sir or Madam,

Please allow this letter to constitute my formal demand for cancellation of the above-captioned policy. This cancellation will be effective as of ___ date. Please immediately return any unused premium to me at my address listed below. Please be advised that I no longer authorize your company to directly withdraw any future premiums from any of my accounts.

I would appreciate receiving written confirmation of this cancellation within 30 days. Please do not hesitate to contact me with any questions. I look forward to your prompt attention to this matter.

Very truly yours,

[Your Signature]

[Insert Your Name]

[Insert Your Mailing Address]

[Insert Your Telephone Number]