

Policy Cancellation Request

Date: 07/27/2020

To Whom It May Concern:

I am writing to inform you that as of <date of new policy>, I am canceling the insurance policy I currently have with you. My insurance, policy number <Prior carrier policy number> has been replaced with a new policy effective <date>.

Please stop any automatic payments and promptly refund the unused portion of my premium directly to me at:

Name: <Customer First Name> + <Customer Last Name>

Street Address: <Customer Street Address>

City, State, Zip Code: <Customer City>, <Customer State>, <Customer Zip Code>

Additionally, do not contact me by phone, email, or mail in regard to continuing this insurance policy or purchasing a new policy.

Sincerely,

(Signature)