

FROM:

(Named insured to complete name/address)

To the attention of:

(Agent/Insurance Carrier's name/address)

Re: Request to cancel insurance for _____

(Named Insured)

Type of Insurance	Policy Number	Cancellation Effective Date
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____
_____	_____	____-____-____

(ex: Feb-10-2020)

To whom it may concern:

Please accept this letter as my authorization to cancel the above mentioned policy(ies) on the indicated effective date.

I have obtained insurance coverage to meet my insurance needs or I no longer need insurance coverage for each product/policy listed above.

Please cancel my policy(ies) as requested and send any premium refund due to me. I am confident about my decision to cancel the policy(ies) listed above and I do not wish to be contacted by phone, email, mail or text regarding continuation of the policy(ies).

Thank you,

Signature

Date (Mon-DD-YYYY)
ex: Feb-10-2020