"(Date)

(Insurance Company Name) Cancellation Department

(Insurance Company Address)

(Company City, State, Zip Code)

Re: Policy Number:#\_\_\_\_\_\_\_\_\_\_\_\_ Cancellation.

Dear Cancellation Department,

I am sending you this written notice to request cancellation of my insurance policy effective (date you plan to cancel). I would appreciate you sending me written confirmation within 30 days that the cancellation has been put into effect. Please refund the unused portion of my policy premium, and cease charging my bank account for payments of monthly premium.

Thanks you for your prompt action on this matter.

Sincerely,

(Your name and signature)"

(Your Address)

(Your City, State, Zip)