[Todays Date]

[Your First Name] [Your Last Name]

[Your Street Address] [No.]

[Your City] [State] [Zip]

[Insurance Name]

[Insurance Street Address] [No.]

[Insurance Zip] [State] [City]

**Cancellation of insurance policy: [policy no]**

Dear Sir or Madam,

I am writing this letter as a formal request to cancel my [type of insurance] insurance policy with your company. My policy number is [policy no], and please make it effective from [mention date].

I further request that you cease all charges associated with the premium and return the payments made earlier. This request letter should be resolved with immediate effect and processed within 30 days from the date of this letter.

Please confirm receipt of this letter by telephone or email [email address].

Thank you for your prompt attention to this matter.

Sincerely,

[First name] [Last name]