

Policy Cancellation Request

Date: _____

To Whom It May Concern:

I am writing to inform you that as of _____, I am canceling the
(Effective date of new policy)
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: _____
Street Address: _____
City, State, 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)