

# Auto Insurance Cancellation Letter

Date:

Insurance Company Name:

Address:

City, State ZIP:

**Subject:** Request for Auto Insurance Policy Cancellation

Dear Sir or Madam,

I am writing to request the cancellation of my auto insurance policy with your company, effective  
Policy Number:

Please send me written confirmation that my policy has been cancelled. Let me know if you require any additional information from my side.

Thank you for your prompt attention to this matter.

Sincerely,

Name:

Address:

City, State ZIP:

Phone:

Email: