**Insurance Cancellation Letter**

[Date]

[Name of your Insurance]

[Cancellation Department]

[Address of your Insurance]

[You’re Policy Number]

To Whom It May Concern

Please receive this letter through which I inform you that I want my car insurance policy referenced above to be cancelled effective (cancellation date).

I thank you in advance for sending me in return a confirmation letter within 30 working days after the cancellation will be effective. I also call for refund of any and all unused portion of my premium.

I look forward to receiving your confirmation.

Sincerely,

[You’re Name]

[You’re Address]