ATTN: [Insert Insurance Company]

DATE: [Insert Date]

POLICY #

Please cancel my policy effective [Insert Date]. I’ve secured a new plan with another carrier at a lower rate.

Please refund any premiums due me from this cancellation.

Thank you,

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

John Smith, 1234 Main Street, AnyTown, USA 12345

