DATE

Car Insurance Company
Address of Company
City, State, Zip

Re: Policy Number

To Whom It May Concern:

This letter is to inform you I wish to have my car insurance policy referenced above cancelled effective [cancellation date]. Please send a written confirmation letter to me within 30 days after the cancellation takes effect. Please refund any and all unused portion of my premium.

I look forward to hearing from you.

Sincerely,

Policy holder’s name
Address