



DATE:

INSURANCE COMPANY:

ATTENTION: CUSTOMER SERVICE

TO WHOM IT MAY CONCERN:

I am writing to inform you that as of _____, I am canceling the _____ insurance policy I currently have with you. My insurance policy number _____ has been replaced with another insurance carrier effective _____.

PLEASE PROMPTLY REFUND THE UNUSED PORTION OF MY PREMIUM DIRECTLY TO ME AT:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, & ZIP CODE: _____

CONTACT NUMBER:

SIGNED: _____