

[Your Name]
[Address]
[City, State, Zip Code]

[Insert date]

[Insert agent or adjuster's name]
[Insert insurance agency name]
[Insert address]
[City], [State] [Zip code]

Dear [Insert name of insurance agent or adjuster],

The purpose of this letter is to provide you with a formal request to cancel insurance claim number [insert claim number], which was filed on my [insert type of policy] policy. The policy number is [insert policy number].

Please provide me with confirmation that this request has been processed, including the effective date of cancellation.

If you require any additional information in order to finalize cancellation of this claim, please let me know. I can be reached at [insert phone number] or [insert email address]. Thank you in advance for your assistance with this matter.

Respectfully,

[Signature]

[Printed Name]