

[Date]

[Insurance Company Name]
[Agent or Contact Person Name]
[Address]
[City, State, Zip Code]

RE: Request to Remove Vehicle from Policy #[Policy Number]

Dear [Contact Name],

Please use this letter as formal authorization to remove the following vehicle(s) from our commercial auto insurance policy effective [Date of Removal]:

Vehicle Information:

Year: [Year]
Make: [Make]
Model: [Model]
VIN: [Full 17-digit VIN]

Reason for removal: [Sold / Junked / Stored / End of Lease]

Please provide an updated Certificate of Insurance and an endorsement reflecting this change. If there is any return premium due as a result of this removal, please apply it to our remaining balance or issue a refund check to our address on file.

Please confirm once this change has been processed.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Company Name]
[Phone Number]