[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Confirmation of Driver Removal - Policy #[Policy Number]

Dear [Policyholder Name],

This letter serves as formal confirmation that [Dependent Driver Name] has been removed from your auto insurance policy, effective [Effective Date].

As a result of this change, [Dependent Driver Name] is no longer covered to operate any vehicles listed under this policy. Please ensure that all insurance ID cards reflecting the previous driver list are destroyed or updated.

Updated Policy Details:

- **New Premium Amount:** $[Amount]
- **Effective Date of Change:** [Date]
- **Remaining Covered Drivers:** [List remaining drivers]

If this removal was performed in error, or if you have any questions regarding your updated premium and coverage, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Agent Name/Company Representative]
[Company Name]