[Date]

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

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

Dear [Recipient Name],

We are writing to confirm that, per your request, [Deceased Driver Full Name] has been officially removed from the insurance policy listed above, effective [Date of Removal].

Please accept our deepest condolences for your loss during this difficult time. We have updated our records to reflect this change. Any adjustments to your premium resulting from this removal will be detailed in the updated policy documents, which are attached to this letter.

If you have any questions regarding your coverage or if there are further updates needed for your account, please contact our customer service department at [Phone Number] or via email at [Email Address].

Thank you for your continued trust in [Insurance Company Name].

Sincerely,

[Sender Name/Signature]
[Job Title]
[Insurance Company Name]