**Date:** [Insert Date]

**To:** [Insurance Company Name]
**Address:** [Insurance Company Address]
**City, State, Zip:** [City, State, Zip Code]

**Subject: Policy Declaration Update and Request for Driver Removal**

**Policy Number:** [Insert Policy Number]
**Policyholder Name:** [Insert Full Name]

To Whom It May Concern,

I am writing to formally request an update to my insurance policy declaration. Please remove the following individual as a covered driver from my policy effective [Insert Date]:

**Driver to be Removed:** [Insert Full Name of Driver]

This removal is requested because [Select one: the driver no longer resides in my household / the driver has obtained their own insurance coverage / other reason].

Please update my policy records and issue a new Policy Declaration page reflecting this change. I also request a recalculation of my premium based on this adjustment and ask that any resulting credit or refund be applied to my account.

Kindly send written confirmation once this update has been processed. If you require any additional documentation, please contact me at [Insert Phone Number] or [Insert Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Mailing Address]