

[Date]

[Customer Name]

[Customer Address]

[City, State, Zip Code]

Subject: Confirmation of Coverage Reduction - Vehicle Removal

Dear [Customer Name],

This letter serves as formal confirmation that, per your request on [Date of Request], we have processed the removal of the following vehicle(s) from your insurance policy #[Policy Number]:

- **Vehicle Year/Make/Model:** [Year/Make/Model]
- **Vehicle Identification Number (VIN):** [VIN Number]

Effective Date of Change: [Effective Date]

Please be advised that as of the effective date listed above, this vehicle is no longer covered under your policy for any liability, collision, comprehensive, or medical payments. You should no longer operate this vehicle on public roads unless it is insured under a different policy.

An updated Policy Declarations page reflecting your new premium amount and coverage details is enclosed with this letter. If you have any questions regarding this change or need to reinstate coverage in the future, please contact us at [Phone Number] or [Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Agent Name/Representative Name]

[Insurance Company Name]