

[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Request to Remove Driver from Policy - [Policy Number]

Dear Underwriting Department,

I am writing to formally request the removal of [Dependent's Full Name] from my auto insurance policy, effective [Date].

This request is being made because [Dependent's Name] has relocated and no longer resides at my address. They have established their own permanent residence and are no longer a dependent member of my household.

Please find attached the following document as proof of their new residency:

- [Type of document: e.g., New Lease Agreement, Utility Bill, or New Driver's License]

I understand that removing this driver may result in a change to my premium. Please provide me with an updated policy declaration page reflecting this change and any applicable credit or refund information.

Thank you for your prompt attention to this matter. Please contact me at [Your Phone Number] or [Your Email Address] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Policy Number]