

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

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

RE: Removal of Deceased Driver from Policy

Policy Number: [Your Policy Number]

Name of Deceased: [Name of Deceased Insured]

To Whom It May Concern,

I am writing to formally request the removal of [Name of Deceased Insured] from the above-referenced insurance policy due to their passing on [Date of Death].

Please update your records to reflect this change and issue an endorsement showing the removal of this driver. I have enclosed a copy of the death certificate for your verification purposes.

Additionally, please recalculate the policy premium based on this change and notify me of any resulting credit or refund. If there are any forms I need to sign or further information required to finalize this request, please let me know at your earliest convenience.

Thank you for your assistance during this difficult time.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosure: Copy of Death Certificate