

Date: [Insert Date]

To: [Insurance Company Name]

Policy Number: [Insert Policy Number]

Subject: Request for Removal of Driver Due to License Suspension

Dear Underwriting Department,

I am writing to formally request the removal of the following individual from my auto insurance policy, effective [Insert Date]:

Driver Name: [Insert Full Name of Driver]

Date of Birth: [Insert DOB]

This request is being made because the driver's license has been suspended. I understand that by removing this individual, they are no longer covered to operate any vehicle insured under this policy. I confirm that this individual will not be permitted to drive my vehicles while their license is suspended.

Please process this endorsement and provide me with an updated policy declaration page showing the change in premium and coverage.

If you require any additional documentation regarding the suspension or this request, please contact me at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Mailing Address]