

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Policy Number:** [Insert Policy Number]

**Attention:** Underwriting Department

**Subject: Request to Remove Driver Due to Alternate Coverage**

Dear [Agent Name or Underwriting Department],

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

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

**Date of Birth:** [Driver's Date of Birth]

This request is being made because the individual named above has secured their own independent automobile insurance coverage. Attached to this letter, please find a copy of their new **Certificate of Insurance (COI)** or **Declarations Page** as proof of alternate coverage.

Please update my policy records to reflect this change and recalculate my premium accordingly. If any premium refund is due, please apply it to my account or issue a check to the mailing address on file.

Please provide written confirmation once this driver has been successfully removed from my policy.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]

**Enclosure:** Proof of Alternate Insurance Coverage