

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

[Date]

[Insurance Company Name or Fleet Management Name]
[Department Name]
[Address]
[City, State, Zip Code]

RE: Request to Remove Driver Following Vehicle Sale

To Whom It May Concern,

I am writing to formally request the removal of a driver from my account/policy due to the sale of the associated vehicle.

Vehicle Information:

Make: [Vehicle Make]
Model: [Vehicle Model]
Year: [Vehicle Year]
VIN: [Vehicle Identification Number]
Date of Sale: [Date]

Driver to be Removed:

Name: [Full Name of Driver]
Driver's License Number: [License Number, if applicable]

Policy/Account Number: [Your Policy or Account Number]

Please update your records to reflect that this individual is no longer authorized to drive under this policy or associated with this vehicle effective immediately. I have attached a copy of the Bill of Sale/Transfer of Title as proof of the transaction.

Please provide written confirmation once this update has been processed. If any further information is required, please contact me at your earliest convenience.

Sincerely,

[Your Signature]

[Your Printed Name]