

[Current Date]

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

RE: Request for Driver Removal Endorsement
Policy Number: [Your Policy Number]

To Whom It May Concern,

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

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

This individual has moved out of my household and is no longer a resident at [Your Address]. Their new residential address is:

[New Address of Removed Driver]
[City, State, Zip Code]

Please find attached the following proof of their new residency:

- [Type of Document, e.g., Utility Bill, Lease Agreement, or New Insurance Policy]

I understand that once this endorsement is processed, this individual will no longer be covered under my policy. Please adjust my premiums accordingly and send a confirmation of this change and the updated policy declarations page to my address on file.

If you require any further information, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]