

Date: [Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

City, State, Zip: [City, State, Zip]

Re: Request for Equipment Deletion Endorsement

Policy Number: [Policy Number]

Policyholder Name: [Your Name / Company Name]

Dear Underwriting Department,

Please accept this formal request to delete the following item(s) from the Scheduled Equipment list under the above-referenced Inland Marine policy, effective [**Effective Date of Deletion**].

Equipment Details:

- **Description:** [Year, Make, Model]
- **Serial Number / VIN:** [Serial Number]
- **Scheduled Limit:** \$[Dollar Amount]
- **Reason for Deletion:** [e.g., Sold, Scrapped, Returned from Lease]

Please issue an endorsement reflecting this change and provide a confirmation of the adjusted pro-rata premium credit, if applicable.

Should you require additional information regarding this request, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Title/Position]