

Date: [Insert Date]

To: [Insurance Company Name/Agent Name]

Address: [Insurance Company Address]

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

Re: Request to Remove Additional Insured Endorsement

Policyholder Name: [Your Name or Business Name]

Policy Number: [Your Insurance Policy Number]

Endorsement Reference: [Specific Endorsement Number, if known]

To Whom It May Concern,

I am writing to formally request the removal of the following entity as an Additional Insured from the above-referenced insurance policy:

Entity to be Removed: [Name of Additional Insured Entity]

Effective Date of Cancellation: [Insert Date Removal Should Take Effect]

This request is being made because [briefly state reason, e.g., the contract has expired / the business relationship has concluded].

Please process this cancellation and provide a revised Certificate of Insurance or a written confirmation that this endorsement has been removed. If there are any forms required to finalize this request, please send them to me immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]