

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

[Date]

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

RE: Request to Cancel Waiver of Subrogation Endorsement

Policy Type: [Type of Insurance, e.g., General Liability/Workers Compensation]
Policy Number: [Your Policy Number]
Endorsement Number (if known): [Endorsement Number]

To Whom It May Concern,

I am writing to formally request the cancellation of the Waiver of Subrogation endorsement currently attached to the above-referenced insurance policy.

Please remove this endorsement effective as of [Requested Effective Date]. This request is being made because [briefly state reason, e.g., the contract requiring the waiver has concluded / the endorsement is no longer required].

Please provide a written confirmation or a revised policy declaration page once the endorsement has been removed. Additionally, please inform me of any return premium or adjustments to my policy credits resulting from this change.

If you require any additional information or specific forms to process this request, please contact me immediately.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Position]