

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

[Date]

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

**RE: Request to Cancel Rideshare Endorsement**

**Policy Number:** [Your Policy Number]

**Vehicle:** [Year, Make, Model, and VIN]

To Whom It May Concern,

I am writing to formally request the removal of the rideshare coverage endorsement from my auto insurance policy, effective [Effective Date of Cancellation].

I am no longer participating in any rideshare activities (such as Uber or Lyft) and no longer require this specific additional coverage. Please ensure that my primary personal auto insurance coverage remains active and unaffected by this change.

Please send me a written confirmation once this endorsement has been removed and provide an updated declarations page reflecting the adjusted premium amount.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]