

[Your Name/Company Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

RE: Request to Remove Loss Payee Endorsement

Policy Number: [Your Policy Number]

Insured Name: [Your Full Name/Business Name]

Loss Payee to be Removed: [Name of Financial Institution/Lender]

To Whom It May Concern,

I am writing to formally request the removal of the Loss Payee endorsement currently listed on the above-referenced insurance policy.

The financial obligation to [Name of Financial Institution] has been satisfied in full. Therefore, they no longer have an insurable interest in the property covered under this policy. [Optional: I have attached a copy of the lien release/paid-in-full letter for your records.]

Please update my policy records immediately and issue a revised Certificate of Insurance or Policy Declaration page reflecting this change.

If you require any additional information or documentation to process this request, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]