Date: [Insert Date]

[Insured Name]
[Insured Address]
[City, State, Zip Code]

Subject: Confirmation of Equipment Deletion - Policy Number: [Insert Policy Number]

Dear [Insured Name],

This letter serves as formal confirmation that the following equipment has been removed from your Equipment Floater endorsement effective [Insert Effective Date of Deletion]:

Description of Deleted Equipment:
Item: [Insert Make/Model]
Serial Number: [Insert Serial Number]
Scheduled Value: $[Insert Amount]

Based on this change, your policy has been adjusted accordingly. Please find the enclosed endorsement page which reflects the updated schedule of covered equipment and any applicable premium credit.

Please review the attached documents carefully to ensure the information is accurate. If you have any questions or require further modifications to your coverage, please contact our office at [Insert Phone Number].

Thank you for your continued business.

Sincerely,

[Name of Representative]
[Company Name]
[Contact Information]