

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

[Date]

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

**Subject: Request to Remove Dependent from Policy #[Your Policy Number]**

Dear Customer Service Department,

I am writing to formally request the removal of the following individual(s) from my automobile insurance policy, effective as of [Date of Removal]:

- [Name of Dependent 1]
- [Name of Dependent 2]

The reason for this removal is [Reason: e.g., moving to their own policy, no longer residing in the household, no longer driving my vehicles].

Please update my policy records and adjust my premium accordingly. I would appreciate receiving a confirmation of this change and an updated declarations page reflecting the new coverage details and premium amount.

If you require any additional documentation, such as proof of new insurance or a change of address for the individual(s) listed above, please let me know as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]