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

[Date]

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

Subject: Confirmation of Vehicle Removal - Policy #[Policy Number]

Dear [Policyholder Name],

This letter confirms that we have processed your request to remove the following vehicle from your automobile insurance policy:

- **Year:** [Year]
- **Make:** [Make]
- **Model:** [Model]
- **VIN:** [Vehicle Identification Number]

The removal of this vehicle is effective as of [Effective Date].

As a result of this change, your premium has been adjusted. [Select one: A credit has been applied to your account / Your new installment amount is $[Amount] / A refund check is enclosed].

Please find your updated Policy Declarations page enclosed, which reflects the current coverage for any remaining vehicles on your policy. We recommend keeping this document for your records.

If you have any questions or did not authorize this change, please contact our customer service department at [Phone Number] or [Email Address].

Thank you for choosing [Company Name].

Sincerely,

[Agent Name/Department Name]
[Company Name]