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

[Date]

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

RE: Removal of Vehicle from Policy #[Your Policy Number]

To Whom It May Concern,

Please use this letter as formal notification to remove the following vehicle from my automobile insurance policy, effective [Date of Sale]. I have sold this vehicle and no longer require coverage for it.

Vehicle Details:
Year: [Year]
Make: [Make]
Model: [Model]
VIN: [Vehicle Identification Number]

I have attached a copy of the bill of sale for your records. Please adjust my premium accordingly and send a confirmation of this change to my address listed above.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]