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

[Date]

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

Subject: Request to Remove Vehicle Following Total Loss

To Whom It May Concern,

I am writing to formally request the removal of the following vehicle from my automobile insurance policy, effective [Date of Total Loss/Transfer of Title]:

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

This vehicle was declared a total loss following an incident on [Date of Accident/Loss]. Settlement for this claim has been reached under Claim Number [Claim Number], and the title has been transferred to [Insurance Company Name or Salvage Yard].

Please adjust my policy premiums accordingly and send a confirmation of this change to my address on file. If a refund of unearned premium is due, please issue it to the payment method on record.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]