Date: [Date]

To: [Insurance Company Name]
Policy Number: [Policy Number]

Subject: Removal of Vehicle Due to Transfer of Ownership

Dear Customer Service Department,

Please remove the following vehicle from my auto insurance policy effective [Date of Transfer]:

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

Ownership of this vehicle was transferred to [New Owner Name] on [Date]. I have attached a copy of the [Bill of Sale / Transfer Document] as proof of the transaction.

Please adjust my premium accordingly and send a confirmation of this change to my address on file. If a refund is due for the remaining term, please issue it via [check / original payment method].

Thank you for your assistance.

Sincerely,

[Your Name]
[Your Phone Number]
[Your Email Address]