[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 for Vehicle Removal and Premium Refund - Policy #[Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of the following vehicle from my auto insurance policy, effective as of [Date of Removal]:

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

The reason for this removal is [Reason: e.g., vehicle sold, vehicle traded in, vehicle totaled]. I have attached [Proof of Sale/Transfer/Disposal] for your records.

Please recalculate my policy premium based on this change. I request a refund of any unearned premium paid in advance for this vehicle. Please send the refund via [Check/Original Payment Method] to my address on file.

Kindly provide a written confirmation of this change and an updated policy declaration page showing the adjusted premium.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]