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

[Date]

[Insurance Company Name]
[Insurance Agent Name (if applicable)]
[Insurance Company Address]
[City, State, Zip Code]

**RE: Request to Remove Non-Operational Vehicle from Policy #[Your Policy Number]**

To Whom It May Concern,

I am writing to formally request the removal of the following vehicle from my automobile insurance policy, effective as of [Date of Removal]. This vehicle is currently non-operational and is no longer being driven on public roads.

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

Please adjust my premium accordingly and provide a confirmation of this change. If there is a pro-rated refund due for the remainder of the policy term, please issue it to my [address on file / original payment method].

I understand that once this vehicle is removed from the policy, it is not covered for liability or physical damage. Should the vehicle become operational in the future, I will contact you to reinstate coverage before it is driven.

Thank you for your assistance with this matter. Please contact me if you require further documentation or a signed affidavit regarding the vehicle's non-operational status.

Sincerely,

[Your Signature]

[Your Printed Name]