

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

[Date]

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

**RE: Request to Remove Driver from Policy**  
**Policy Number:** [Your Policy Number]

To Whom It May Concern,

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

**Driver Name:** [Full Name of Driver to be Removed]

**Reason for Removal:** [e.g., Driver moved out / Driver has own policy / Driver no longer resides in household]

Please update my policy records and adjust my premium accordingly. I have attached [Proof of other insurance / Proof of new residency] as required for this change.

Please send an updated declarations page reflecting this change to the address listed above.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]