

[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 individual from my automobile insurance policy, effective as of [Date]:

Driver Name: [Name of Driver to be Removed]
Date of Birth: [Driver's Date of Birth]

The reason for this removal is: [e.g., The driver no longer lives at my residence / The driver now has their own insurance policy / The driver no longer operates any vehicles on this policy].

Please update my policy records and provide me with a revised declarations page reflecting this change. I also request a breakdown of any adjustments to my premium resulting from this removal.

If you require any additional documentation, such as proof of the driver's new residency or proof of their separate insurance coverage, please let me know as soon as possible.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]