

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

[Date]

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

Subject: Request to Remove Driver from Auto Insurance Policy

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: [Name of Driver to be Removed]

The reason for this request is that the individual listed above no longer resides in my household and has moved to a permanent new address. They no longer have regular access to the vehicles listed on this policy.

Attached to this letter, please find [Proof of Residency, e.g., a copy of their new utility bill, lease agreement, or updated driver's license] showing their new address as:
[New Address of Removed Driver]

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

Thank you for your prompt attention to this matter. Please contact me if you require any further documentation.

Sincerely,

[Your Signature]
[Your Printed Name]