

Date: [Insert Date]

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

Re: Request to Remove Deceased Driver from Policy

Policy Number: [Insert Policy Number]

Dear Customer Service Department,

I am writing to formally request the removal of [Name of Deceased] from the above-referenced auto insurance policy due to their passing on [Date of Death].

Attached to this letter, please find a copy of the death certificate for your records.

Please update the policy to reflect [Name of New Primary Policyholder, if applicable] as the primary contact. I would also like to request a review of the current premium rates and any potential adjustments resulting from this change.

Please send a confirmation of this update and the revised policy documents to the address below.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Relationship to the Deceased/Estate]
[Your Phone Number]
[Your Email Address]
[Mailing Address]

Enclosure: Copy of Death Certificate