

Date: [Current Date]

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

Subject: Request to Remove Driver from Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of [Teen Driver's Full Name] from my automobile insurance policy, effective [Date of Removal].

[Teen Driver's Name] has relocated and no longer resides at my address. Their new permanent address is:

[New Address]  
[City, State, Zip Code]

Attached to this letter, please find [Name of Document, e.g., a copy of their new utility bill / lease agreement / new driver's license] as proof of their change of residency.

Please confirm once this change has been processed and provide an updated declaration page reflecting the adjusted premium. If you require any additional information, please contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]