

Current Date: [Date]

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

RE: Request to Remove Driver Due to Military Deployment

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of [Name of Deployed Driver] from my auto insurance policy effective [Deployment Start Date].

This request is being made because the aforementioned driver is a member of the [Branch of Military, e.g., U.S. Army] and is being deployed overseas to [Location, if applicable] for a period of [Duration of Deployment]. During this time, they will not have access to the insured vehicles and will not be operating any motor vehicles covered under this policy.

I have attached a copy of the official deployment orders for your records. Please adjust my policy premiums accordingly to reflect the removal of this driver for the duration of their service.

Please provide a written confirmation of this change and a statement showing the updated premium amount. I will notify you immediately upon their return to reinstate coverage.

Thank you for your assistance and for supporting military families.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]