

[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Agent Name or Department]  
[Insurance Company Address]  
[City, State, Zip Code]

**RE: Request to Remove Driver from Commercial Auto Policy**  
Policy Number: [Your Policy Number]

Dear [Agent Name or Underwriting Department],

Please accept this formal request to remove the following driver(s) from our commercial auto insurance policy effective [Date of Removal]:

**Driver Name:** [Full Name of Driver]  
**Date of Birth:** [Driver's DOB]  
**Driver's License Number:** [License Number]

Reason for removal (optional): [e.g., Termination of employment / Change in job duties / Voluntary resignation]

Please update our policy records accordingly and provide an amended schedule of drivers. We also request that you calculate any pro-rated premium credit resulting from this change and apply it to our account.

Please send a written confirmation or an updated policy endorsement once this change has been processed.

Sincerely,

[Signature]

[Printed Name]  
[Title/Position]  
[Company Name]