

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

[Date]

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

RE: Request to Remove Driver Due to License Suspension
Policy Number: [Your Policy Number]

Dear Customer Service Department,

I am writing to formally request the removal of [Name of Driver to be Removed] from my automobile insurance policy, effective [Date].

This request is being made because [Name of Driver]'s driver's license has been suspended by the [State] Department of Motor Vehicles. As they are no longer legally permitted to operate a motor vehicle, they will not be driving any of the vehicles covered under this policy.

Please update my policy records to reflect this change and recalculate my premium accordingly. Please send a written confirmation of this removal and an updated declarations page to my address on file.

If you require any further documentation or have any questions regarding this request, please contact me at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]