

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

[Date]

[Policyholder Name]  
[Mailing Address]  
[City, State, Zip Code]

**RE: Notice of Underwriting Action - Driver Removal**

Policy Number: [Policy Number]  
Effective Date of Change: [Effective Date]

Dear [Policyholder Name],

We are writing to inform you of a change to your automobile insurance policy. Following a recent underwriting review of your policy, we have determined that the following individual is no longer eligible for coverage under this policy:

**Excluded Driver: [Driver Name]**

This action has been taken due to the following reason(s):  
[Insert Reason: e.g., Driving record violations, License suspension, Loss of household residency, or Non-compliance with underwriting requests].

**What this means for you:**

As of [Effective Date], [Driver Name] will be removed from your policy. There will be no coverage provided for any loss or claim resulting from the operation of any motor vehicle by this individual. Please note that if this individual operates your vehicle after the effective date, they will be considered an uninsured driver.

**Premium Impact:**

This change may result in an adjustment to your policy premium. You will receive a separate endorsement page and a revised billing statement reflecting the updated premium amount shortly.

If you believe this information is incorrect or if you have any questions regarding this notification, please contact your insurance agent or our customer service department at [Phone Number].

Sincerely,

[Underwriter Name/Department Name]  
[Company Name]