

**Date:** [Insert Date]

**To:** [Insurance Company Name]

**Policy Number:** [Insert Policy Number]

**Subject: Request to Remove Driver Due to Surrendered License**

Dear Customer Service Department,

I am writing to formally request the removal of the following individual from my automobile insurance policy:

**Driver Name:** [Insert Full Name of Driver]

**Date of Birth:** [Insert Date of Birth]

This individual is no longer an active driver and has surrendered their driver's license to the Department of Motor Vehicles (DMV). Therefore, they no longer have legal authorization to operate a motor vehicle.

Attached to this letter, please find a copy of the following documentation as proof of surrender:

- [Example: DMV Surrender Receipt / State ID conversion confirmation]

Please update my policy to reflect this change effective as of [Insert Date]. I look forward to receiving an updated declarations page and information regarding any adjustment to my premium.

Thank you for your prompt assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]