[Date]

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

**RE: Request to Remove Additional Insured**

Policy Number: [Your Policy Number]
Named Insured: [Your Business Name]

To Whom It May Concern,

Please accept this formal request to remove the following entity as an Additional Insured from the above-referenced insurance policy:

**Entity to be Removed:**
[Full Name of Entity/Company to be Removed]
[Entity Address]
[City, State, Zip Code]

The removal should be effective as of [Effective Date of Removal].

This request is being made because [Reason for removal, e.g., contract completion / termination of lease / no longer doing business together].

Please provide an updated Certificate of Insurance or an endorsement confirming that this change has been processed.

If you have any questions regarding this request, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]