[Date]

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

Re: Notice of Removal as Additional Insured

Dear [Recipient Name],

This letter serves as formal notification that [Company Name] will be removing [Recipient Company/Name] as an Additional Insured from our [Type of Insurance, e.g., General Liability] insurance policy, effective [Date of Removal].

Policy Details:

- **Policy Number:** [Policy Number]
- **Insurance Carrier:** [Carrier Name]
- **Reason for Removal:** [Reason, e.g., Expiration of contract / Completion of project]

As of the effective date mentioned above, all coverage extended to you under this policy will cease. Please update your records accordingly. If you require proof of this change, please contact your insurance representative or our office.

Thank you for your cooperation.

Sincerely,

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