[Your Date]

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

RE: Request to Remove Additional Insured
Policy Number: [Your Policy Number]
Named Insured: [Your Business Name]

Dear [Contact Name],

Please accept this formal request to remove the following entity as an Additional Insured from the commercial liability policy referenced above, effective [Date of Removal]:

Entity to be Removed:
[Name of Entity/Company to be removed]
[Address of Entity]
[Certificate Number, if applicable]

The contractual requirement to maintain this entity as an additional insured has ended because [Reason: e.g., the project is completed / the lease has expired / the contract was terminated].

Please provide an updated Certificate of Insurance or an endorsement reflecting this change for my records.

If you have any questions or require additional documentation, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

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