[Current Date]

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

RE: Removal of Additional Insured - Policy Number: [Your Policy Number]

To [Name of Agent or Customer Service Representative],

This letter serves as a formal request to remove the following entity as an Additional Insured from the above-referenced insurance policy:

Entity Name: [Name of Entity to be Removed]
Contract Reference: [Project Name or Contract Number]

The contract between [Your Company Name] and [Entity Name] was successfully completed on [Completion Date]. As per the terms of our agreement, our obligation to provide additional insured status has concluded.

Please process this change effective immediately and provide an updated Certificate of Insurance (COI) reflecting this removal for our records.

If you require any further information or documentation regarding the completion of this project, please contact me directly at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Job Title]
[Your Company Name]