[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Vendor Name]
[Vendor Address]
[City, State, Zip Code]

Subject: Notice of Removal as Additional Insured

Dear [Contact Name or Vendor Name],

This letter serves as formal notification that [Your Company Name] is requesting to be removed as an "Additional Insured" from your commercial general liability insurance policy, effective [Date of Removal].

The business relationship or contract dated [Contract Date] between our companies has [concluded/been amended], and coverage is no longer required under the current terms.

Please coordinate with your insurance broker or carrier to issue a revised Certificate of Insurance (COI) reflecting this change. Please send the updated documentation to [Email Address] or the mailing address listed above by [Due Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]