[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: Notice of Removal as Additional Insured

Dear [Contact Person Name],

This letter serves as formal notification that [Your Company Name] is requesting to be removed as an "Additional Insured" from your insurance policies, including but not limited to General Liability and Umbrella/Excess Liability coverage.

The scope of work for [Project Name/Contract Number] was completed as of [Date] and the contractual requirement for ongoing coverage has expired. Please instruct your insurance broker or carrier to issue an updated Certificate of Insurance (COI) or an endorsement reflecting this change.

Please provide written confirmation of this removal and a copy of the revised certificate for our records by [Due Date].

Thank you for your cooperation throughout this project.

Sincerely,

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