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

[Date]

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

RE: Request to Remove Additional Insured from Policy

Policy Number: [Your Policy Number]
Property Address: [Address of Insured Property]

To Whom It May Concern,

I am writing to formally request the removal of the following entity/individual as an "Additional Insured" from the above-referenced insurance policy:

Name of Additional Insured: [Name of Entity to be Removed]
Effective Date of Removal: [Date]

The relationship necessitating this coverage has concluded, and they no longer maintain an insurable interest in this property.

Please process this change and provide an updated Certificate of Insurance or a policy endorsement confirming that this party has been removed.

If you require any further documentation or have any questions regarding this request, please contact me at [Your Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title/Capacity]