[Date]

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

RE: Request to Remove Additional Insured

Policyholder Name: [Your Name or Business Name]
Policy Number: [Your Policy Number]
Effective Date of Removal: [Date]

To Whom It May Concern,

Please accept this formal request to remove the following entity as an Additional Insured from my commercial auto insurance policy, effective as of the date listed above:

Entity Name: [Name of Entity to be Removed]
Entity Address: [Address of Entity to be Removed]

I understand that once this removal is processed, the entity named above will no longer be covered under the liability portions of this policy. Please provide an updated Certificate of Insurance (COI) or an endorsement reflecting this change for my records.

If you require any additional information to complete this request, please contact me at [Your Phone Number] or [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Authorized Signature]
[Printed Name]
[Title]