[Date]

[Additional Insured Name]
[Address]
[City, State, Zip Code]

Subject: Confirmation of Removal as Additional Insured

To whom it may concern,

This letter serves as formal notification that **[Additional Insured Name]** has been removed as an Additional Insured from the insurance policy listed below, effective as of **[Effective Date of Removal]**.

Policyholder Name: [Primary Insured Name]
Policy Number: [Policy Number]
Policy Type: [e.g., General Liability]

As of the effective date mentioned above, [Additional Insured Name] no longer holds any coverage, rights, or interests under this specific policy. This change has been processed at the request of the policyholder.

Please update your records accordingly. If you have any questions regarding this adjustment, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]
[Your Title]
[Company Name]