[Current Date]

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

RE: Policy Endorsement Request - Removal of Additional Insured

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

To Whom It May Concern,

I am writing to formally request a modification to the above-referenced insurance policy. Please remove the following entity as an Additional Insured from this policy:

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

This removal is requested because [state brief reason, e.g., the contract has ended / the professional relationship has terminated].

Please provide a revised Certificate of Insurance and the formal endorsement documentation confirming this change. If there are any adjustments to the premium following this modification, please notify me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]