[Date]

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

RE: Request to Remove Additional Insured

Policyholder Name: [Your Name/Company Name]

Policy Number: [Your Policy Number]

To Whom It May Concern,

Please accept this formal written request to remove the following entity as an Additional Insured from the above-referenced insurance policy:

Entity Name: [Name of Party to be Removed]
Address: [Address of Party to be Removed]
Effective Date of Removal: [Date]

The contractual requirement to provide coverage for this party has ended. Please issue an updated Certificate of Insurance or an endorsement reflecting this change and send it to my attention at your earliest convenience.

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

Sincerely,

[Signature]
[Printed Name]
[Title/Company Name]