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

[Date]

[Insurance Company/Broker Name]
[Contact Name]
[Address]
[City, State, Zip Code]

**RE: Request to Remove Additional Insured from Policy**

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 the insurance policy referenced above:

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

The contractual requirement or relationship necessitating this coverage has concluded. Please process this change effective as of [Date].

Once the removal has been completed, please provide an updated Certificate of Insurance (COI) or an endorsement reflecting this change for my records.

Should you require any further information or documentation to complete this request, please contact me directly.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]