

[Date]

[Insurance Company Name]
[Insurance Agent/Broker Name]
[Policy Number]
[Mailing Address]
[City, State, Zip Code]

RE: Request to Remove Vehicle(s) from Commercial Auto Policy

Dear [Agent Name or Underwriting Department],

Please accept this letter as formal authorization to remove the following vehicle(s) from my commercial auto insurance policy, effective [Date of Removal]:

- **Vehicle 1:** [Year, Make, Model] | VIN: [Full VIN Number]
- **Vehicle 2:** [Year, Make, Model] | VIN: [Full VIN Number]

Reason for removal: [Sold / Total Loss / Out of Service / Other]

Please adjust my policy premiums accordingly and provide an updated Certificate of Insurance (COI) reflecting these changes. If there is a return premium due, please credit my account or issue a check to the address listed below.

Please send a written confirmation once this endorsement has been processed.

Sincerely,

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