

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

[Insurance Company Name]
[Agent Name, if applicable]
[Insurance Company Address]
[City, State, Zip Code]

RE: Request to Remove Additional Insured from Policy
Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of the following entity as an "Additional Insured" from the above-referenced insurance policy, effective as of [Date of Removal].

Entity to be Removed:

Name: [Name of Individual or Organization]
Address: [Address of Individual or Organization]

This request is being made because [State Reason, e.g., the contract has ended / the business relationship has concluded].

Please provide a revised Certificate of Insurance or a written endorsement confirming that this change has been processed. If there are any adjustments to my premium resulting from this removal, please notify me of the updated amount.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]