

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

[Date]

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

RE: Request to Remove Designated Driver Endorsement

Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request the removal of the Designated Driver Endorsement (also known as a Named Driver Exclusion or Restrictive Endorsement) from my auto insurance policy, effective [Date you want removal to start].

The individual currently listed as the restricted driver is [Name of Driver]. I am requesting this removal because:

[Insert reason, e.g., The driver no longer resides in my household / The driver now has their own insurance policy / The driver is no longer using my vehicle].

Please update my policy records to reflect that [Name of Driver] is no longer restricted under this endorsement. I understand that this change may result in an adjustment to my policy premium. Please provide me with an updated policy declaration page once this change has been processed.

If you require any additional documentation or information to complete this request, please contact me at [Your Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]