

[Date]

[Loss Payee Name]

[Loss Payee Address]

[City, State, Zip Code]

RE: Confirmation of Loss Payee Removal

Policy Number: [Policy Number]

Insured Name: [Insured Name]

Collateral/Reference: [Description of Property/Vehicle/Loan Number]

Dear [Contact Name or Department],

This letter serves as formal confirmation that [Loss Payee Name] has been removed as a Loss Payee from the insurance policy referenced above, effective [Effective Date].

This action has been taken due to [Reason for removal, e.g., satisfaction of the loan, expiration of the lease, or written request]. As of the effective date, [Loss Payee Name] no longer holds an insurable interest in the covered property under this policy, and no further notices regarding this policy will be sent to your institution.

If you believe this removal has been made in error, or if you require additional documentation, please contact our office immediately at [Phone Number] or [Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Company/Agency Name]

cc: [Insured Name]