

Current Date: [Insert Date]

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

**RE: Request to Remove Rideshare Coverage Endorsement**

Policyholder Name: [Your Full Name]

Policy Number: [Your Policy Number]

Vehicle Description: [Year, Make, Model, and VIN]

To Whom It May Concern,

I am writing to formally request the removal of the rideshare coverage endorsement (also known as transportation network company coverage) from my auto insurance policy, effective as of [Date].

I am requesting this change because I am no longer driving for any rideshare services (such as Uber or Lyft). I understand that as of the effective date mentioned above, I will no longer have coverage for any activities related to commercial ridesharing under this policy.

Please update my policy and provide me with a revised declarations page showing the updated coverage and the adjusted premium amount. If there is a refund or credit due for the remaining policy period, please apply it to my account or issue a check to my mailing address.

Please confirm in writing once this endorsement has been removed.

Thank you for your assistance.

Sincerely,

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