

[Date]

[Loss Payee Name]

[Loss Payee Address]

[City, State, Zip Code]

**RE: Notice of Removal of Loss Payee**

Policy Number: [Policy Number]

Insured Name: [Insured Name]

Collateral/Reference: [Description of Property/Vehicle]

Dear [Contact Person Name or Department],

This letter serves as formal acknowledgment that [Loss Payee Name] has been removed as a loss payee from the insurance policy referenced above, effective [Date of Removal].

Our records indicate that your financial interest in the insured property has been satisfied or that the requirement for your inclusion on the policy has ended. Consequently, you will no longer be named on claim payments or receive notifications regarding the status of this policy.

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

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]

[Company Name]

[Title]

cc: [Insured Name]