

Date: [Insert Date]

Recipient Name: [Insert Contact Person Name]

Lienholder/Entity Name: [Insert Institution Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Re: Notice of Loss Payee Removal

Policy Number: [Insert Policy Number]

Insured Name: [Insert Name of Insured]

Collateral/Property Description: [Insert Description, e.g., VIN or Address]

To Whom It May Concern,

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

As of the aforementioned date, [Insert Insurance Company Name] no longer recognizes your interest in the covered property. Future claim payments or correspondence regarding this policy will be directed solely to the named insured unless otherwise notified.

This change has been processed based on [Insert Reason, e.g., proof of loan satisfaction / request from the insured].

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

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Agency/Company Name]