

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

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

RE: Request to Remove Loss Payee from Policy

Policy Number: [Your Policy Number]
Insured Asset: [Description of Property/Vehicle]

To Whom It May Concern,

I am writing to formally request the removal of the following Loss Payee from the insurance policy referenced above:

Loss Payee Name: [Name of Bank or Lending Institution]
Account Number: [Your Loan/Account Number with the Bank]

The financial obligation to this party has been satisfied in full. I have attached the "Release of Interest" or "Lien Release" document provided by the lender as proof of payment.

Please update my policy records immediately and issue a new Certificate of Insurance or Policy Declaration page reflecting this change. If there are any updates to my premium as a result of this removal, please notify me at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]

Enclosure: [Title of Proof of Payment Document]