

[Current Date]

[Lienholder/Loss Payee Name]

[Lienholder Address]

[City, State, Zip Code]

RE: Acknowledgment of Loss Payee Deletion

Policy Number: [Insurance Policy Number]

Insured Name: [Name of Insured]

Collateral/Property Description: [Description of Item, e.g., Vehicle VIN or Property Address]

To Whom It May Concern,

This letter serves as official acknowledgment that [Lienholder/Loss Payee Name] has been removed as a Loss Payee from the insurance policy referenced above, effective [Date of Deletion].

Our records indicate that the financial interest in the specified collateral has been satisfied or the request for removal has been authorized. Consequently, the insurance company no longer has an obligation to include your organization on claim payments or provide notification of policy changes regarding this specific interest.

Please update your records accordingly. If you believe this deletion was made in error, please contact our office immediately at [Phone Number] or [Email Address].

Sincerely,

[Authorized Signature]

[Printed Name/Title]

[Insurance Company/Agency Name]