

[Company Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Date]

[Lienholder/Loss Payee Name]
[Contact Person Name]
[Address Line 1]
[City, State, Zip Code]

RE: Confirmation of Loss Payee Removal

Policy Number: [Insurance Policy Number]
Insured Name: [Name of Insured Party]
Reference/Loan Number: [Loan or Account Number]

Dear [Contact Person Name or Department],

This letter serves as formal notification and confirmation that **[Lienholder/Loss Payee Name]** has been removed as a Loss Payee/Lienholder from the insurance policy referenced above, effective as of **[Date of Removal]**.

This action has been taken due to: [Reason, e.g., Full Satisfaction of Loan / Refinancing / Request by Insured].

As of the effective date, [Lienholder/Loss Payee Name] no longer maintains an insurable interest in the property/asset covered under this policy, and will no longer be included on claim payments or renewal notices associated with this account.

An updated Certificate of Insurance or Policy Endorsement reflecting this change is attached to this letter for your records.

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

Sincerely,

[Authorized Signature]

[Name of Sender]
[Title/Position]
[Company Name]