

[Date]

[Loss Payee Name]

[Loss Payee Address]

[City, State, Zip Code]

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

Policy Number: [Policy Number]

Insured Party: [Insured Name]

Collateral/Property: [Description of Property/Vehicle/Address]

Dear [Contact Name or Department],

This letter serves as formal acknowledgment that [Company Name] has processed the removal of [Loss Payee Name] as a loss payee on the above-referenced insurance policy, effective [Effective Date of Removal].

Our records indicate that your financial interest in the specified property has been satisfied or that the insured has requested your removal from the policy coverage. Accordingly, you will no longer be listed as a loss payee, and your name will not appear on any future loss settlement checks or renewals related to this policy.

If you believe this removal has been processed in error, please contact our customer service department immediately at [Phone Number] or via email at [Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name/Authorized Representative]

[Title]

[Insurance Company/Agency Name]