

[Date]

[Lienholder Name]
[Lienholder Address]
[City, State, Zip Code]

RE: Removal of Loss Payee

Policy Number: [Policy Number]

Insured Name: [Insured Name]

Collateral/Reference: [Description of Property/Vehicle VIN]

Dear [Contact Name or Department],

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

According to our records and the instructions received, the financial interest in the insured property has been satisfied or the requirement for coverage has ended. As a result, [Lienholder Name] will no longer be listed on future renewals or policy endorsements, and will no longer receive notices regarding the status of this policy.

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

Sincerely,

[Agent/Representative Name]
[Insurance Company Name]
[Contact Information]

cc: [Insured Name]