

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

[Insurance Company Name]
[Insurance Agent/Broker Name]
[Address]
[City, State, Zip Code]

RE: Request to Remove Loss Payee

Policy Number: [Your Policy Number]
Insured Name: [Your Company Name]

To Whom It May Concern,

Please accept this formal request to remove the following entity as a Loss Payee from the above-referenced commercial insurance policy, effective as of [Date of Removal]:

Entity to be Removed:

[Name of Loss Payee/Lender]
[Address of Loss Payee]
[Loan/Reference Number, if applicable]

This request is being made because [Reason for removal, e.g., the loan has been paid in full / the lease agreement has ended / the interest in the property has terminated].

Please provide an updated Certificate of Insurance or a policy endorsement reflecting this change for our records.

If you require any additional documentation or have questions regarding this request, please contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Title]