

[Date]

[Loss Payee Name]

[Loss Payee Address]

[City, State, Zip Code]

RE: Confirmation of Loss Payee Removal

Policy Number: [Policy Number]

Insured Name: [Insured Name]

Collateral/Description: [Description of Property/Vehicle]

Dear [Contact Name or Department],

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

As of this date, [Loss Payee Name] no longer maintains an insurable interest in the property covered under this policy. Consequently, any future claims or loss payments will be issued directly to the named insured, unless otherwise specified by a valid endorsement.

Please update your records accordingly. Should you have any questions regarding this change, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Title]

[Insurance Agency/Company Name]

cc: [Insured Name]