

Minor Name Change Application for Insurance Policies

Date: [Insert Date]

To,

[Insurer's Name]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Application for Minor Name Change on Insurance Policy

Dear [Insurer's Name],

I hope this message finds you well. I am writing to formally request a minor change to the name associated with my insurance policies.

Policy Number: [Insert Policy Number]
Current Name: [Insert Current Name]
New Name: [Insert New Name]

The reason for this name change is [briefly explain reason, e.g., marriage, correction of a typo, etc.]. I have attached the necessary documentation supporting this change.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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