

# Letter of Demand for Insurance Payment Record Acknowledgement

Date: [Insert Date]

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

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

Subject: Demand for Acknowledgement of Insurance Payment Record

Dear [Insurance Company's Contact Name],

I am writing to formally request an acknowledgment of my insurance payment records associated with policy number [Your Policy Number]. Despite previous correspondence on this matter, I have yet to receive confirmation regarding the status of my payments and their records.

According to my records, I have made the following payments:

- Payment Date: [Date] - Amount: [Amount]
- Payment Date: [Date] - Amount: [Amount]
- Payment Date: [Date] - Amount: [Amount]

To ensure that my records are current and accurate, I kindly request that you respond to this letter with written acknowledgment of the payments listed above, no later than [Insert a date, typically 14 days from the date of the letter].

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

Sincerely,

[Your Name]