

# Safety Freeze Removal Request

Date: [Insert Date]

To: [Insert Insurance Company Name]

Address: [Insert Insurance Company Address]

Dear [Insert Recipient's Name],

I am writing to request the removal of the safety freeze on my insurance policy under the account number [Insert Account Number]. Due to [reason for removal, e.g., completing underwriting requirements], it is necessary for the freeze to be lifted.

Please find the required documentation attached to assist in processing my request:

- Copy of my identification
- Policy documentation

I appreciate your prompt attention to this matter. Should you need any further information, please do not hesitate to contact me at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]