

# Policyholder Information Verification Request

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Recipient's Name or Policyholder Services],

I hope this message finds you well. I am writing to request verification of the information related to my insurance policy.

Policyholder Name: [Your Full Name]

Policy Number: [Your Policy Number]

Contact Information: [Your Email and/or Phone Number]

For your records, I would like to verify the following information:

- Policy Type
- Coverage Details
- Premium Amount
- Beneficiary Information
- Any Additional Policy Riders

Please let me know if you require any further information or documentation to assist with this request. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]