

# Letter to Insurance Carrier

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Carrier Name]

[Insurance Carrier Address]

[City, State, Zip Code]

Dear [Insurance Carrier Contact Name],

I am writing to inform you of a validated event regarding my insurance policy, [Policy Number]. On [Event Date], the following incident occurred: [Brief Description of the Event]. This information may be necessary for your records and any ongoing claims associated with my policy.

Please update your records accordingly and let me know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending hard copy)]

[Your Printed Name]