

# Letter of Demand for Amendment of Policy Terms

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an amendment to the terms of my policy, [Policy Number], with [Company Name], which was issued on [Issuance Date]. After reviewing the current terms, I believe that certain modifications are necessary to better align the policy with my current needs.

Specifically, I would like to request the following amendments:

- [Detail the first amendment request]
- [Detail the second amendment request]
- [Detail any additional requests]

These changes are important to ensure that my coverage adequately reflects my circumstances, and I believe they will benefit both myself and [Company Name]. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Your Name]