

# Request for Insurance Coverage Limit Enhancement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative],

I am writing to formally request an enhancement of the coverage limits on my current insurance policy, [Policy Number], held with [Insurance Company Name]. As my circumstances have changed, I believe it is necessary to increase my coverage to ensure adequate protection.

Currently, my policy provides [current coverage limits], which I feel is insufficient given [reason for requesting limitation enhancement, e.g., changes in income, additional assets, etc.]. I would like to request an increase to [desired coverage limits].

I appreciate your consideration of my request. Please let me know if you require any documentation or additional information to facilitate this enhancement. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]