

# Application for Enhancing Policy Limits

**Your Name**

Your Address  
City, State, ZIP Code  
Email Address  
Phone Number  
Date: [Insert Date]

**Insurance Company Name**

Claims Department/Underwriting Department  
Company Address  
City, State, ZIP Code

Dear [Insurance Company Name or Specific Contact],

I am writing to formally request an enhancement of the policy limits for my insurance policy, policy number [Your Policy Number]. After reviewing my current coverage, I believe that an increase in the policy limits is necessary to adequately protect my assets and provide peace of mind.

Considering recent changes in my personal circumstances, including [briefly explain any relevant changes such as increased assets, changes in income, or new liabilities], an adjustment of the policy limits is essential. I would like to request that my coverage be increased to [desired policy limits].

Please let me know the documentation required for this request and any additional steps I need to take to facilitate this enhancement. I appreciate your prompt attention to this matter and look forward to your positive response.

Thank you for your assistance.

Sincerely,  
[Your Name]