

# Coverage Scope Detail Request

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Insurance Company Address]  
[City, State, Zip Code]

Dear [Insurance Company Representative],

I hope this message finds you well. I am writing to request a detailed outline of the coverage scope pertaining to my policy [Policy Number]. This information is critical for my records and for ensuring that I have a comprehensive understanding of my coverage.

Specifically, I would like clarification on the following points:

- Types of coverage included
- Exclusions or limitations
- Any applicable deductibles or copayments
- Coverage limits

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]