

Letter of Request for Reassignment of Insurance Agent

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's Name],

I hope this message finds you well. I am writing to formally request the reassignment of my insurance agent due to ongoing disputes regarding my policy and lack of satisfactory communication.

Throughout our interactions, I have encountered several issues that remain unresolved and have greatly impacted my experience with your services. Despite my efforts to address these matters with my current agent, I believe that a change is necessary for the optimal handling of my insurance needs.

I respectfully ask that my account be reassigned to a different agent who may be able to provide a fresh perspective and a resolution to these issues. I am confident that this change will improve my overall satisfaction with your company.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]