

Application for Additional Rider on Insurance Coverage

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 [Recipient's Name],

I am writing to formally request the addition of an additional rider to my existing insurance policy, number [Insert Policy Number]. After reviewing my current coverage and assessing my needs, I believe that an additional rider would provide me with enhanced protection.

The specific rider I am interested in is [Insert Rider Name/Type], which I believe will be beneficial due to [briefly explain reason for requesting the rider].

Please let me know the necessary steps I need to take to process this request, as well as any additional information or documentation you may require from my side.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]