

Duplicate Policy Request

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 Contact/Claims Department],

I am writing to formally request a duplicate copy of my insurance policy, as I am in need of it to process my recent claims. My policy number is [Insert Policy Number].

Due to [brief explanation of why the duplicate is needed, e.g., loss of document], I am unable to find my original policy document.

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

Sincerely,

[Your Name]