

Request for Duplicate Policy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact/Customer Service],

I am writing to formally request a duplicate copy of my insurance policy, policy number [Insert Policy Number]. I have misplaced the original document and would like to obtain a duplicate to review the policy benefits.

As a policyholder, I understand the importance of maintaining accurate records and ensuring that I have access to my policy details. Please let me know if there are any forms I need to complete or any fees associated with this request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]