

# Coverage Amendment Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Request for Coverage Amendment**

Dear [Insurance Agent's Name],

I hope this letter finds you well. I am writing to formally request an amendment to my current insurance coverage under policy number [Your Policy Number]. After careful consideration, I believe that certain modifications would better suit my needs.

The specific amendments I would like to request are as follows:

- [Specify amendment 1]
- [Specify amendment 2]
- [Specify amendment 3]

Please let me know the next steps I should take in order to proceed with this request. I appreciate your assistance and prompt attention to this matter.

Thank you for your support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]