

# Request for Changes in Coverage Terms

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]

Subject: Request for Changes in Coverage Terms

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request a review and modification of the current coverage terms associated with my policy, [Policy Number]. After careful consideration, I believe adjustments to the following areas would better suit my needs:

- [Detail the specific changes you are requesting, such as increased coverage limits, additional riders, etc.]
- [Explain any reasons for the change, such as changes in circumstances or additional needs.]

I appreciate your attention to this matter, and I look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]