

Disclosure on Coverage Duplication

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you about the potential duplication of insurance coverage related to your policy with us ([Policy Number]). After conducting a thorough review of your current policies, we have identified overlapping coverages that may result in unnecessary costs.

As you are currently covered under the following policies:

- [Policy 1 - Description]
- [Policy 2 - Description]
- [Policy 3 - Description]

We encourage you to review the details of these policies and assess if they are all necessary. It may be beneficial to consolidate your coverages to avoid paying for redundant benefits.

Should you have any questions or require further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]