

# Letter of Resolution for Overlapping Insurance Coverage

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 Representative's Name],

I hope this message finds you well. I am writing to address an issue regarding overlapping insurance coverage related to my policies with [Insurance Company Name] and [Other Insurance Company Name].

Policy Numbers:

- [Your Policy Number with Insurance Company]
- [Your Policy Number with Other Insurance Company]

Upon review, I noticed that my coverage from both companies overlaps for the period of [insert specific dates]. This situation has led to confusion regarding claims and benefits.

To resolve this, I kindly request your assistance in determining the best course of action, which may include:

- Clarifying the policy terms and coverage amounts.
- Identifying any potential refunds or adjustments that may be necessary.
- Providing guidance on which policy should be the primary coverage.

Thank you in advance for your prompt attention to this matter. I look forward to your response so we can resolve this discrepancy quickly and efficiently.

Sincerely,

[Your Name]