

Inquiry Regarding Disability Insurance Policy Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your 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 inquire about the details of my disability insurance policy, specifically regarding coverage, benefits, and any exclusions that may apply.

My policy number is [Insert Policy Number]. I would appreciate it if you could provide me with a comprehensive breakdown of the policy, including:

- Coverage limits
- Eligibility criteria
- Waiting periods
- Renewal terms
- Any additional riders or options available

Your assistance in this matter is crucial for my understanding and future planning, and I would greatly appreciate a prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]