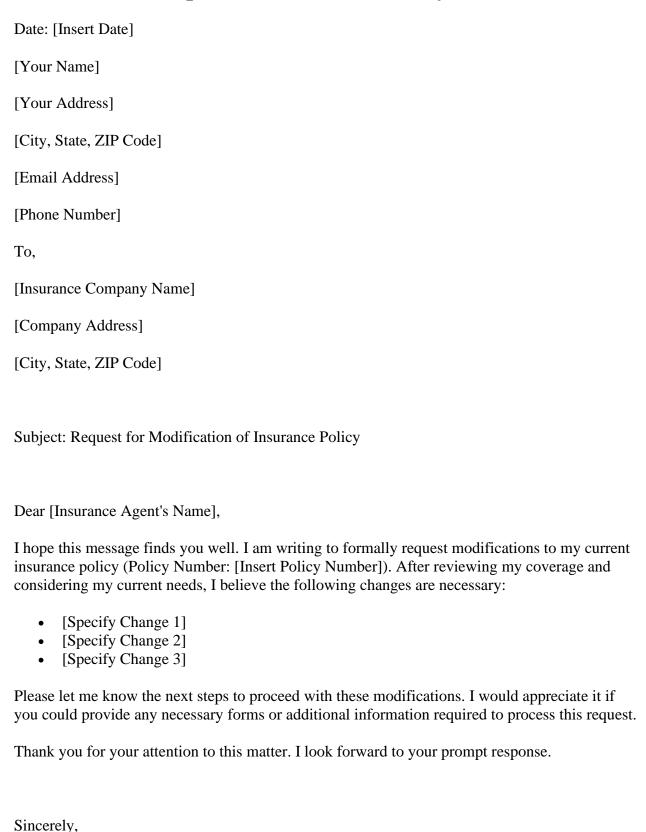
Modification Request for Insurance Policy



[Your Name]