

Insurance Coverage Clarification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to seek clarification regarding my insurance coverage under policy number [Insert Policy Number]. I have some specific questions about the extent of my coverage and any limitations that may apply.

1. Could you please provide details on what is covered under my current policy?
2. Are there any exclusions or limitations I should be aware of?
3. How do changes in my circumstances affect my coverage?

I would appreciate your prompt attention to this matter, as it is important for me to understand my coverage fully. Thank you for your assistance.

Sincerely,

[Your Name]