

Application for Insurance ID Card Replacement

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 [Claim Department/Recipient's Name],

I am writing to formally request a replacement for my insurance ID card that was stolen on [date of theft]. My policy number is [your policy number].

Despite my efforts to locate the card, I have been unable to recover it, and I believe it is essential to have the replacement issued at your earliest convenience for my ongoing coverage needs.

Enclosed with this letter, you will find a copy of my police report regarding the theft for your reference.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]