

Letter of Clarification on Insurance Policy Overlap

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I hope this letter finds you well. I am writing to address a concern regarding the overlap of my insurance policies, specifically the policies numbered [Policy Number 1] and [Policy Number 2].

After reviewing my insurance documentation, I have noticed that both policies cover similar risks, which has raised questions about the extent of coverage and potential implications for claims. I would appreciate clarification on the following points:

- The differences in coverage between the two policies.
- How claims would be handled in the event of overlapping coverage.
- If it is advisable to maintain both policies, or if changes should be made.

Understanding these aspects will greatly assist me in making informed decisions regarding my insurance needs. I kindly request a prompt response to my inquiries.

Thank you for your attention to this matter.

Sincerely,

[Your Name]