

Insurance Policy Overlap Notification

Date: [Insert Date]

To: [Policyholder's Name]

Address: [Policyholder's Address]

Policy Number: [Insert Policy Number]

Dear [Policyholder's Name],

We are writing to inform you that our records indicate an overlap in your insurance policies. Specifically, it appears that you are currently enrolled in two policies that provide similar coverage for the same risks. This may result in unnecessary costs and complications.

We recommend reviewing your current insurance policies and considering a consolidation to ensure optimal coverage and efficiency. If you require assistance, please do not hesitate to contact us.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company]

[Contact Information]