

Request to Resolve Insurance Coverage Duplication

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/Insurance Adjuster Name],

I am writing to bring to your attention a matter regarding the duplication of my insurance coverage. My policy number is [Your Policy Number], and I have recently discovered that I hold two insurance policies covering the same assets.

Policy Details:

- Policy 1: [Details of First Policy]
- Policy 2: [Details of Second Policy]

Having duplicate coverage may result in complications and unnecessary costs, which I would like to resolve promptly. I would appreciate your assistance in reviewing my policies and advising on the best course of action to eliminate this duplication.

Please let me know if you require any further information or documentation to facilitate this process.

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

Sincerely,

[Your Name]