

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Address
City, State, Zip Code

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to request a review of my insurance policies with your company, as I believe there may be overlapping coverage that needs to be addressed.

Specifically, my policy numbers are as follows:

- Policy Number 1
- Policy Number 2
- Policy Number 3

Upon reviewing my policies, I have noticed that some coverages may be redundant, potentially leading to unnecessary expenses. I would appreciate your assistance in determining whether any adjustments can be made to eliminate this overlap and optimize my coverage.

Please let me know a convenient time for us to discuss this matter further. Thank you for your attention to this request. I look forward to your prompt response.

Sincerely,
[Your Name]