

# Letter of Correspondence for Actuarial Insurance Records

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Recipient's Name]  
[Recipient's Title]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request detailed actuarial insurance records related to policy number [Insert Policy Number], held under the name [Insert Policyholder's Name]. These records are essential for [insert reason, e.g., a review, audit, claim purposes].

To ensure comprehensive coverage of the necessary details, please include:

- Premium payment history
- Claims history
- Policy adjustments and amendments
- Actuarial assumptions used during policy underwriting

Should you require any further details or have questions regarding this request, please feel free to contact me at your convenience. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]