## **Insurance Hold Request**

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

Your City, State, Zip: [Insert City, State, Zip]

Your Email: [Insert Email]

Your Phone Number: [Insert Phone Number]

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request a hold on my insurance processing for policy number [Insert Policy Number] due to a delay in the required documentation.

The documents were submitted on [Insert Submission Date] but have not yet been processed. I would appreciate your assistance in holding the processing until I receive confirmation of the necessary paperwork.

If you have any questions or require further information, please do not hesitate to contact me at [Insert Phone Number] or [Insert Email].

Thank you for your attention to this matter.

Sincerely,

[Insert Your Name]