

Insurance Coverage Review

Date: [Insert Date]

To: [Recipient Name]

Title: [Recipient Title]

Company: [Recipient Company]

Address: [Recipient Address]

Dear [Recipient Name],

We are reaching out to you as part of our annual review of insurance coverage for [Company Name]. As the head office, it is our priority to ensure that our insurance policies adequately protect all branches and operations.

We kindly ask that you provide us with the following information regarding your current coverage:

- Policy Type
- Coverage Limits
- Premium Costs
- Claims History
- Any additional coverage needs

Please submit this information by [Insert Due Date] to allow us time for a thorough review. If you have any questions or concerns, do not hesitate to reach out.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Head Office Name]

[Contact Information]