

# Minor Coverage Adjustment Proposal

Date: [Insert Date]

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

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

Dear [Recipient's Name],

I am writing to propose a minor adjustment to the coverage terms of my current policy, [Policy Number], which is issued by [Insurance Company Name].

As a valued policyholder, I have consistently sought to ensure that my coverage reflects my current needs. Recently, I have observed [briefly explain the reason for adjustment, e.g., change in circumstances, new asset, etc.]. I believe that a variation in my policy to include [specific adjustment proposed] will better suit my current situation.

This adjustment is not only reasonable but also necessary for [include any support for your proposal, e.g., better risk management, alignment with current needs, etc.]. I am confident that this change will be beneficial for both parties.

I would appreciate the opportunity to discuss this proposal further at your earliest convenience. Thank you for considering my request, and I look forward to your prompt response.

Sincerely,  
[Your Name]