

Minor Insurance Coverage Amendment Request

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

[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to request a minor amendment to my existing insurance coverage with policy number [Your Policy Number]. Specifically, I would like to request [brief description of the amendment you are seeking, e.g., "to add coverage for a new vehicle" or "to adjust the coverage limits"].

Please let me know the necessary steps to process this request and if any additional information is required from my side.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]