

Insurance Coverage Clarification Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to request clarification regarding my insurance coverage under policy number [Insert Policy Number].

Specifically, I would like to understand more about [briefly explain the specific areas of coverage or concerns]. This information is vital for me to ensure that I am fully informed about my policy and any potential limitations that may apply.

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

Sincerely,

[Your Name]