

Evaluation Request for Key Person Coverage

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient's Name]

[Recipient's Position]

[Recipient's Company Name]

[Recipient's Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an evaluation for key person coverage concerning [Key Person's Name], who plays a critical role in our organization.

The purpose of this evaluation is to assess the potential risks associated with the absence of [Key Person's Name] and to determine the appropriate coverage needed to safeguard our business interests.

We believe that an evaluation is essential due to [briefly explain reasons, e.g., recent changes in the company, significance of the key person].

We would appreciate your prompt attention to this matter and would like to schedule a meeting to discuss this further at your earliest convenience. Please let me know your available dates and times.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]