

Key Person Insurance Assessment Request

Date: [Insert Date]

[Your Company's Name]

[Your Company's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Agent's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

I am writing to request an assessment for key person insurance for our company. We recognize the importance of protecting our business against potential financial loss due to the unexpected absence of a key individual.

The key person we want to insure is [Name of Key Person], who holds the position of [Job Title]. Their contributions to [specific contributions or significance of the individual to the company] have been invaluable.

Please let us know the information and documentation required to proceed with this assessment. We would appreciate a timely response, as we aim to implement this coverage soon.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company's Name]