

# High-Risk Insurance Application

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Agent/Contact Name],

I am writing to formally submit my application for high-risk insurance. Please find enclosed all required documentation and completed forms regarding my application.

Personal Information:

- Name: [Your Name]
- Address: [Your Address]
- Phone: [Your Phone Number]
- Email: [Your Email Address]

Details of High-Risk Factors:

- [Factor 1: e.g., Pre-existing medical conditions]
- [Factor 2: e.g., High-risk occupation]
- [Factor 3: e.g., History of claims]

Please let me know if any additional information or documentation is needed to process my application. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Policy/Account Number (if applicable)]