

# Insurance Underwriting Concern Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We hope this message finds you well. As part of our ongoing commitment to ensuring the highest standards of risk assessment, we have conducted a thorough review of your recent application for insurance coverage.

Our underwriting team has identified certain high-risk factors associated with your application, which may affect the terms of the coverage we can provide. These factors include, but are not limited to:

- [Factor 1: e.g., pre-existing medical conditions]
- [Factor 2: e.g., occupation-related risks]
- [Factor 3: e.g., driving history]

We would like to discuss these concerns with you to clarify any questions and explore potential options for your coverage. Please contact us at your earliest convenience to schedule a meeting.

Thank you for your attention to this matter. We look forward to assisting you further.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]