

# Insurance Coverage Gap Clarification

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name],

I hope this message finds you well. I am writing to request clarification on a potential coverage gap in my insurance policy [Policy Number]. After reviewing my current coverage, I have identified certain areas that may not be adequately addressed.

Specifically, I would like to understand:

- The extent of coverage for [specific area or item].
- Any exclusions or limitations that I should be aware of.
- Options for additional coverage or endorsements that may be available.

It is essential for me to have a comprehensive understanding of my policy to ensure I am fully protected. I appreciate your assistance in clarifying these points. Please let me know a convenient time for us to discuss this matter further or if you can provide the information via email.

Thank you for your prompt attention to this request.

Sincerely,

[Your Name]