

Verification of Policy Exclusions and Inclusions

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Verification of Policy Exclusions and Inclusions

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a verification of the exclusions and inclusions regarding my insurance policy [Policy Number]. It is imperative for me to clearly understand the specific terms and conditions that apply to my coverage.

Policy Inclusions

- [Inclusion 1]
- [Inclusion 2]
- [Inclusion 3]

Policy Exclusions

- [Exclusion 1]
- [Exclusion 2]
- [Exclusion 3]

Thank you for your assistance with this matter. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] should you need any further information.

Best regards,

[Your Name]

[Your Address]

[Your City, State, Zip Code]