

Modification Request for Workplace Insurance Coverage

Date: **[Insert Date]**

To: **[Insurance Provider Name]**
Address: **[Insurance Provider Address]**
City, State, ZIP: **[City, State, ZIP]**

Dear **[Insurance Provider's Contact Name]**,

I hope this message finds you well. I am writing to formally request a modification to our current workplace insurance coverage for **[Company Name]**, policy number **[Policy Number]**.

Due to **[reason for modification, e.g., changes in the workforce, new regulations, business expansion]**, we believe that a revision of our coverage is necessary to better protect our employees and the organization.

Specifically, we would like to propose the following changes:

- **[Detail of the first proposed change]**
- **[Detail of the second proposed change]**
- **[Detail of any additional proposed changes]**

We appreciate your attention to this matter and look forward to your prompt response. Please feel free to contact me directly at **[Your Phone Number]** or **[Your Email Address]** if you require any additional information.

Thank you for your consideration.

Sincerely,

[Your Full Name]
[Your Job Title]
[Company Name]
[Company Address]
[City, State, ZIP]