

Letter of Demand for Information

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request detailed information regarding the inclusions of my current policy, #[Policy Number].

Specifically, I would like clarification on the following items:

- Coverage limits
- Exclusions or limitations
- Additional benefits available

Understanding these details is crucial for my records and future planning. I would appreciate your prompt response to this request.

Thank you for your attention to this matter.

Sincerely,

[Your Name]