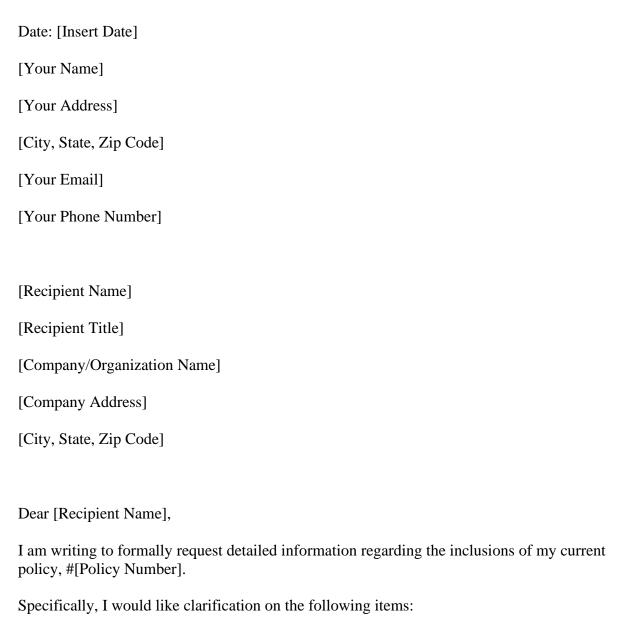
Letter of Demand for Information



- 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]