

Request for Duplicate Insurance Card

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to formally request a duplicate of my insurance card associated with my policy number [Your Policy Number]. Unfortunately, I have misplaced my original card and require a replacement for my records and future use.

For your reference, my details are as follows:

- Full Name: [Your Full Name]
- Policy Number: [Your Policy Number]
- Type of Insurance: [Type of Insurance]

Please let me know if you require any further information or documentation to facilitate this request. I appreciate your prompt attention to this matter and look forward to your confirmation that my duplicate card will be issued.

Thank you for your assistance.

Sincerely,

[Your Name]