

# **Inquiry for Replacement Insurance Card**

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to inquire about obtaining a replacement insurance card for my policy number [Your Policy Number]. Unfortunately, I have misplaced my original card and need a new one for my records.

If possible, please let me know the steps I need to take in order to receive a replacement card and any pertinent information regarding fees or processing times.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]