

# Application for Enhanced Insurance Coverage

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Agent's Name or "To Whom It May Concern"],

I am writing to formally request an application for enhanced insurance coverage for my current policy, [Insert Policy Number]. After reviewing my existing coverage and considering recent changes in my personal circumstances, I believe that an upgrade is necessary to adequately protect my interests.

Specifically, I am requesting enhanced coverage in the following areas: [List specific coverages or areas of concern]. I would appreciate any guidance you can provide regarding the options available and the associated costs.

Please let me know if you require any additional information or documentation to process my application. I look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]