

# Supplementary Coverage Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Provider's Name]

[Insurance Provider's Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name],

I am writing to formally request an application for supplementary coverage under my existing policy number [Insert Policy Number]. I believe that additional coverage is necessary to better protect my interests and ensure comprehensive assistance for my needs.

My current coverage includes [briefly outline current coverage], but I am seeking to add supplementary coverage for [specific areas of interest, e.g., dental, vision, etc.]. I believe that this additional coverage will provide me with the peace of mind I need.

Enclosed are the necessary documents to process my application:

- [Document 1]
- [Document 2]
- [Document 3]

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

Thank you for your attention to this matter.

Sincerely,

[Your Name]