

Liability Insurance Data Redaction Request

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 Company Representative's Name],

I am writing to formally request the redaction of sensitive data contained in my liability insurance records, pursuant to applicable privacy regulations. The details of my policy are as follows:

Policyholder Name: [Your Name]

Policy Number: [Your Policy Number]

Date of Coverage: [Coverage Start Date] - [Coverage End Date]

Specifically, I request the redaction of the following information:

- Personal Identification Numbers
- Address information
- Any financial information

Please confirm receipt of this request and notify me of the actions taken to fulfill it. I appreciate your prompt attention to this matter.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]