

Letter of Demand

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

To:
[Name of Insurance Company]
[Insurance Company's Address]
[City, State, Zip Code]

Subject: Demand for Revised Insurance Face Value for Policy #[Policy Number]

Dear [Name of Contact Person/Insurance Company],

I am writing to formally request a revision of the face value of my insurance policy #[Policy Number]. As a policyholder since [Start Date of Policy], I believe that the current face value does not accurately reflect [reason for the revision request, e.g., current market conditions, increased coverage needs, etc.].

After reviewing my policy, I have identified several factors that warrant an increase in the face value: [List any relevant factors or changes that support your request].

I kindly ask you to reconsider the face value of my policy and provide a revised amount that better aligns with the aforementioned considerations. Please respond to this letter within [timeframe, e.g., 30 days] so we can resolve this matter promptly.

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

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]