

(Date of Letter)

(Insurance Company Name)

(Policy Manager/Administrator)

(Street Address)

(City, State and Zip Code)

RE:

(Name of Insured)

(Policy Number)

(Type of Policy)

(Document Request)

Dear Policy Manager/Administrator:

After reviewing the documents presently in the possession of the undersigned, it appears as though a complete copy of the policy or certain provisions of the policy may not be in possession. Kindly provide the undersigned with a certified copy of the complete policy, as above-referenced, including any riders and/or addendums to said policy. For your information, the undersigned represents (name of insured or other appropriate party).

In conjunction with the foregoing request, please provide a printout of the policy payment record of the insured, and please also note the effective date of the policy. Should there be any other information contained within the file relating to the policy, that information is also requested. Thank you for your kind and immediate attention to this request.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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This is not a substitute for legal advice. An attorney must be consulted.