[Date]

[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Subject: Coverage Adjustment Questionnaire - Significant Wealth Change

Dear [Policyholder Name],

We have been notified of a significant life event regarding a change in your financial status. To ensure that your current insurance coverage aligns with your updated financial profile and protects your assets adequately, we require additional information.

Please complete the following questionnaire and return it to our office by [Due Date].

Wealth Change Questionnaire

1. Nature of Wealth Change (e.g., Inheritance, Sale of Business, Investment Gain):

2. Approximate Net Worth Increase:

3. Have you acquired new high-value physical assets (Real Estate, Art, Jewelry)?
Yes No

4. If yes, please list assets and estimated values:

5. Are you interested in increasing your Liability/Umbrella coverage limits?
Yes No

6. Has your household employment changed (e.g., hiring domestic staff)?
Yes No

The information provided will be used to review your policy limits and recommend necessary adjustments to your risk management strategy.

If you have any questions, please contact your account manager at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Name of Agent/Underwriter]
[Insurance Agency Name]