

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

[Date]

[Company Name]
[Department Name, e.g., Customer Service]
[Company Address]
[City, State, Zip Code]

Subject: Request for Replacement of Lost Policy Document - Policy Number: [Policy Number]

To Whom It May Concern,

I am writing to formally request a replacement copy of my original insurance policy document for the policy referenced above. Unfortunately, the original document has been lost or misplaced and I am unable to locate it.

Please find my policy details below for your reference:

- **Policyholder Name:** [Full Name]
- **Policy Number:** [Policy Number]
- **Type of Policy:** [e.g., Life, Home, Auto]
- **Date of Birth:** [Date of Birth]

I understand there may be a nominal fee for the issuance of a duplicate policy. Please let me know if this is the case and provide instructions on how to make the payment. If there are any specific forms or a Lost Policy Declaration that I need to sign and notarize, please send them to my address listed above or via email.

I would appreciate it if you could process this request at your earliest convenience. Thank you for your assistance.

Sincerely,

[Signature (if sending by mail)]

[Your Printed Name]