

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

[Date]

[Insurance Company Name]
[Attention: Policy Services Department]
[Insurance Company Address]
[City, State, Zip Code]

RE: Request for Replacement of Lost Commercial Insurance Policy

Policy Number: [Your Policy Number]
Insured Name: [Business Name]
Policy Period: [Policy Start Date] to [Policy End Date]

To Whom It May Concern,

I am writing to formally notify you that the original policy document for the above-referenced commercial insurance policy has been lost, destroyed, or misplaced.

I am requesting a certified copy of the full policy, including all declarations pages, endorsements, and schedules, to be sent to my attention at the address listed above.

I understand that there may be a nominal fee for the reproduction of these documents. Please inform me if such a fee exists and the preferred method of payment.

If you require a signed "Lost Policy Release" (LPR) form or any additional documentation to process this request, please provide the necessary forms at your earliest convenience.

Thank you for your prompt assistance in this matter.

Sincerely,

[Signature]

[Printed Name]
[Title/Position]