

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

[Date]

[Insurance Company Name]
[Claims/Customer Service Department]
[Company Address]
[City, State, Zip Code]

Subject: Request for Certified Copy of Lost Policy - Policy Number: [Your Policy Number]

To Whom It May Concern,

I am writing to formally request a certified replacement copy of my insurance policy document for the policy referenced above. The original document has been [lost / stolen / destroyed / misplaced] and is no longer in my possession.

Please find my policy details below for verification:

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

I understand that there may be a nominal fee for the issuance of a certified duplicate. Please inform me of any required charges or if there are additional forms/affidavits I need to sign to complete this request.

Please mail the certified document to my address listed at the top of this letter. If you require further information, you may contact me at [Your Phone Number].

Thank you for your prompt assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]