

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email]

[Date]

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

**Re: Request for Disclosure of Insurance Policy Limits**

Claim Number: [Insert Claim Number]  
Policy Number: [Insert Policy Number]  
Insured Party: [Insert Name of Insured]  
Date of Loss: [Insert Date of Incident]

To Whom It May Concern,

I am writing to formally request a written disclosure of the applicable insurance policy limits for the above-referenced claim. This request pertains to the liability coverage held by your insured at the time of the incident occurring on [Insert Date of Incident].

Please provide the following information:

- The bodily injury liability limits per person and per occurrence.
- The property damage liability limits.
- The presence of any umbrella or excess liability policies.

This information is necessary to facilitate an efficient and fair resolution of this claim. Please provide this documentation within [Insert Number, e.g., 30] days of receipt of this letter.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]  
[Your Printed Name]