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

[Date]

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

Re: Application for Child Term Life Insurance Policy

To Whom It May Concern,

I am writing to formally apply for a Child Term Life Insurance policy for my child, [Child's Full Name], born on [Child's Date of Birth].

As the [Parent/Legal Guardian], I wish to secure a coverage amount of [Dollar Amount] for a term duration of [Number of Years] years. Please find the completed application forms and necessary identification documents attached to this letter.

Please review the enclosed information and notify me of the next steps regarding the underwriting process, premium payment schedules, and any additional medical information required.

Thank you for your assistance in securing this protection for my child's future.

Sincerely,

[Your Signature]

[Your Printed Name]