

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Re: Application Number: [Policy/Application Number]

Dear [Applicant Name],

We are currently reviewing your application for [Type of Insurance, e.g., Life/Health/Property] insurance. To complete our underwriting process and determine eligibility, we require some additional information.

Please provide the following documentation or details:

- [Requirement 1: e.g., Physician's Statement from Dr. Smith]
- [Requirement 2: e.g., Copy of recent lab results]
- [Requirement 3: e.g., Clarification on business operations]

You may submit these documents via [Email Address], [Fax Number], or by mailing them to our office at the address listed below.

Please provide this information by [Deadline Date] to avoid any delays or the potential withdrawal of your application. Once we receive and review the requested items, we will notify you of our decision regarding your coverage.

If you have any questions, please contact your agent or our underwriting department at [Phone Number].

Sincerely,

[Underwriter Name]

[Company Name]

[Contact Information]