

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

[Date]

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

Re: Policy Transfer and Rate Adjustment Request
Policy Number: [Insert Policy Number]
Deceased Insured: [Full Name of Deceased Spouse]

To Whom It May Concern,

I am writing to formally notify you of the passing of my spouse, [Deceased Spouse's Name], on [Date of Death]. I have attached a certified copy of the death certificate for your records.

As the surviving spouse and a named driver/beneficiary on the aforementioned policy, I am requesting that the policy be transferred into my name as the primary policyholder. Please update all billing and contact information to reflect me as the sole account owner.

Additionally, I would like to request a formal review and adjustment of my premium rates. I understand that the change in household status, a potential reduction in annual mileage, and my eligibility for "surviving spouse" or "long-term loyalty" discounts may result in a lower rate. Please provide an updated declarations page reflecting the new premium and the effective date of these changes.

If there are any additional forms or documentation required to finalize this transfer, please let me know at your earliest convenience. Thank you for your assistance during this difficult time.

Sincerely,

[Your Signature]

[Your Printed Name]