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

[Date]

[Insurance Company Name]
[Department Name, e.g., Policyholder Services]
[Company Address]
[City, State, Zip Code]

RE: Request for Certified Copy of Insurance Policy

Policy Number: [Your Policy Number]
Insured Name: [Full Name on Policy]

To Whom It May Concern,

I am writing to formally request a certified, true, and complete copy of the insurance policy mentioned above, including all declarations, endorsements, riders, and the original application.

Please ensure that the provided documents are certified by an authorized representative of [Insurance Company Name] to confirm they are accurate reproductions of the original records currently in force.

I require these documents for [State Reason, e.g., legal purposes / personal record keeping / financial audit].

If there are any administrative fees associated with this request, please notify me immediately before processing. Otherwise, please mail the certified documents to my address listed above within [Number] business days.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]