**INSURANCE POLICY DEMAND LETTER**

[CLAIMANT'S NAME]  
[STREET ADDRESS]  
[CITY, STATE ZIP CODE]  
[PHONE NUMBER]  
[E-MAIL]

Date: [DATE]

[INSURANCE COMPANY NAME]  
[INSURER STREET ADDRESS]  
[INSURER CITY, STATE ZIP CODE]  
[INSURER E-MAIL]

**Re: Breach of** **[INSURANCE POLICY TITLE/TIER AND NUMBER]**

Dear [INSURANCE AGENT NAME],

This letter serves as formal notice regarding your breach of policy [POLICY TITLE/TIER AND NUMBER] dated [POLICY DATE] for [POLICY HOLDER NAME] during the period of [INSURANCE COVERAGE DATES].

As of the date of this notice, you have failed to perform the following obligations: [DESCRIBE BREACH].

Therefore, to satisfy this breach of policy, this letter demands that you cure the issue with the following actions: [DESCRIBE HOW TO CURE COVERAGE FAILURE].

This demand must be handled within [#] days of receiving this letter. If you do not cure this breach within this time, I reserve the right to pursue all available legal remedies, including filing a lawsuit for damages, without further notice.

I prefer to resolve this matter amicably and encourage you to contact me as soon as possible to confirm your intention to comply.

Sincerely,

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