

[Your Name/Company Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: SECOND REQUEST: Verification of Multi-Policy Discount - Policy #[Policy Number]

Dear [Policyholder Name],

We are writing to you regarding a previous request sent on [Date of First Letter] concerning the multi-policy discount currently applied to your insurance account. As of today, we have not received the required documentation to maintain this discount.

To continue receiving your multi-policy savings, we require proof of your active [Type of Policy, e.g., Homeowners/Life] insurance policy held with [Company Name/Affiliate].

Required Documentation:

Please provide a copy of your most recent Policy Declarations Page for your [Type of Policy].

Please submit this information by [Due Date] via one of the following methods:

- Email: [Email Address]
- Fax: [Fax Number]
- Mail: [Mailing Address]

Important Note: If we do not receive verification by the date requested, the multi-policy discount will be removed from your account, which may result in an increase in your premium starting [Effective Date of Change].

If you have already sent this information, please disregard this notice. If you have any questions, please contact our customer service department at [Phone Number].

Sincerely,

[Your Name/Signature]
[Title]
[Company Name]