

Policy Information Request Form

NOTE: This letter is a sample that must be customized to fit the facts of your individual situation and claim. All bracketed and underlined portions must be completed or revised before sending. Use this notarized letter to inform your insurance company of your policy status.

Claim Number: _____

Policy Information Request

[Please check one of the boxes below]

I have no other insurance policy, other than the policy with _____ Company issued to _____ under Policy # _____.

In addition to the policy with _____ Insurance Company issued to _____, I also have the following insurance coverage(s):

Name of other insurer: _____

Coverage(s): _____

Policy Number(s): _____

Insurer's Address: _____

Name of other insurer: _____

Coverage(s): _____

Policy Number(s): _____

Insurer's Address: _____

[Please also check one of the boxes below]

I was NOT acting within the course and scope of any employment (i.e. working) nor was I participating

The information presented in this publication is for general informational purposes and is not a substitute for legal advice. If you have a specific legal issue or problem, United Policyholders recommends that you consult with an attorney. Guidance on hiring professional help can be found in the "Find Help" section of www.uphelp.org. United Policyholders does not sell insurance or certify, endorse or warrant any of the insurance products, vendors, or professionals identified on our website.

Source: <https://uphelp.org/claim-guidance-publications/policy-information-request-form/> Date: May 2, 2026



in any joint venture at time of this loss.

At the time of this loss, I was acting in the course and scope of my employment and/or participating in a joint venture on behalf of the following:

Name of employer / joint-venturer: _____

Address: _____

Telephone Number: _____

Contact Person: _____

Other Insurance (if known): _____

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

I, _____, hereby swear or affirm, under oath and penalty of perjury, that the contents of this document are true and correct.

Signature: _____

Print Name: _____

Sworn to (or affirmed) and subscribed before me this __ day of _____, 20__, by _____, personally known to me or who produced _____ as identification.

(Signature of Notary Public)

(Print, Type of Stamp Commissioned)
Name of Notary Pub

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