

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Insurance Company Name]
[Claims Department]
[Company Address]
[City, State, Zip Code]

Subject: Application for Impairment Insurance

Dear [Claims Adjuster's Name or "To Whom It May Concern"],

I am writing to formally submit my application for impairment insurance coverage under my policy number [Your Policy Number].

I am currently experiencing [briefly describe the impairment, e.g., "a significant medical condition that impacts my daily activities and work capacity," or "a recent accident resulting in injuries"]. Due to this impairment, I am seeking assistance to help cover my medical expenses and to provide financial support during my recovery period.

Enclosed with this letter, you will find the following documents to support my application:

1. Completed impairment insurance claim form
2. Medical records and reports from my healthcare provider
3. Proof of income loss during this period
4. [Any additional relevant documents, if applicable]

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your understanding and support.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]