

Insurance Service Interruption Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are writing to inform you of a temporary interruption in your insurance services due to [reason for interruption]. We understand the importance of continuous coverage and are making every effort to resolve this matter quickly.

The interruption will occur from [start date] to [end date]. During this period, you may not have access to certain services, including [list any affected services]. We appreciate your understanding and patience during this time.

If you have any questions or require further assistance, please do not hesitate to contact us at [contact information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]