

Civil Liability Insurance Confirmation

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Address]

Dear [Insert Recipient's Name],

We are pleased to confirm that your civil liability insurance policy has been activated. Below are the details of your policy:

Policy Number: [Insert Policy Number]

Effective Date: [Insert Effective Date]

Insured Amount: [Insert Insured Amount]

This policy provides coverage for civil liability, ensuring protection against legal claims arising from your activities. Please review the attached documents for a full explanation of your coverage and obligations.

Should you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insert Insurance Company Name].

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Insurance Company Name]

[Insert Insurance Company Address]