

Confirmation of Goods-in-Transit Insurance Activation

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm the activation of your goods-in-transit insurance, effective immediately. This insurance provides coverage for your goods while in transit against loss or damage.

Details of the coverage are as follows:

- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Effective Date: [Insert Effective Date]
- Insured Items: [List Insured Items]

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

Thank you for choosing our services.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]
[Your Contact Information]