

Confirmation of Temporary Insurance Coverage Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Insurance Company's Name]

[Insurance Company's Address]

[City, State, ZIP Code]

Dear [Insurance Company's Contact Person],

We are writing to confirm the extension of our temporary insurance coverage as discussed. The details of the extension are as follows:

- **Policy Number:** [Insert Policy Number]
- **Original Coverage Dates:** [Insert Original Start Date] to [Insert Original End Date]
- **New Coverage Dates:** [Insert New Start Date] to [Insert New End Date]
- **Coverage Amount:** [Insert Coverage Amount]

We appreciate your assistance in processing this extension and ensuring continued coverage without any gaps. Please let us know if any further information or documentation is required.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position, if applicable]