

Coverage Entitlement Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm your coverage entitlement with [Insurance Company Name]. Your coverage details are as follows:

- Policy Number: [Insert Policy Number]
- Coverage Type: [Insert Coverage Type]
- Effective Date: [Insert Effective Date]
- Expiration Date: [Insert Expiration Date]

If you have any questions regarding your coverage or if you require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]