

# Authorization Letter for Auto Insurance Policy Transfer

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I, [Your Full Name], am writing to formally authorize the transfer of my auto insurance policy, policy number [Policy Number], from [Current Insured Name] to [New Insured Name].

This transfer is effective as of [Effective Date]. Please update your records accordingly and send a confirmation of the transfer to my email address at [Your Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]