

Auto Insurance Policy Transfer Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Policyholder Name]

Policy Number: [Insert Policy Number]

New Insured Name: [Insert New Insured Name]

New Policy Effective Date: [Insert New Policy Effective Date]

Dear [Insert Policyholder Name],

We are writing to confirm the successful transfer of your auto insurance policy.

The details of the transfer are as follows:

- Previous Insured Name: [Insert Previous Insured Name]
- New Insured Name: [Insert New Insured Name]
- New Policy Effective Date: [Insert New Policy Effective Date]

If you have any questions or need 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]