

# Consent Letter for Auto Insurance Policy Transfer

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby give my consent for the transfer of my auto insurance policy, Policy Number [Policy Number], from [Current Insured's Name] to [New Insured's Name].

This transfer is effective as of [Effective Date]. I understand that by giving my consent, all rights and responsibilities associated with this auto insurance policy will be transferred to the new insured individual.

Should you require any further information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature]