

# Notification of Auto Insurance Policy Transfer

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you that your auto insurance policy, numbered [Policy Number], is being transferred to [New Insurer's Name] effective [Transfer Date].

This transfer will not affect your coverage, and your policy will continue under the same terms and conditions. Please review the enclosed documents for further details regarding the new insurer and your policy benefits.

If you have any questions or require further assistance, feel free to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]