

# Verification of Credit Life Insurance Activation

Date: [Insert Date]

To Whom It May Concern,

This letter serves to verify the activation of the Credit Life Insurance policy for the account holder:

**Name:** [Insert Name]

**Policy Number:** [Insert Policy Number]

**Account Number:** [Insert Account Number]

The Credit Life Insurance coverage is effective as of [Insert Effective Date]. This policy provides financial protection by paying off the outstanding loan balance in the event of the account holder's untimely passing.

If you have any further questions or require additional information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Company Phone Number]