

Confirmation of Interim Insurance Application

Date: [Insert Date]

[Your Company Name]

[Company Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Applicant's Name],

We are pleased to confirm that we have received your application for interim insurance coverage. Your application is currently being processed, and we appreciate your trust in us to provide the necessary insurance protection during this period.

Details of your application:

- Applicant Name: [Applicant's Name]
- Application Number: [Application Number]
- Coverage Type: [Coverage Type]
- Effective Date: [Effective Date]

Should you have any questions or require further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for choosing [Your Company Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]