

Disability Insurance Coverage Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

Subject: Confirmation of Disability Insurance Coverage

I am writing to confirm my disability insurance coverage as a self-employed individual. Below are the details of my policy:

- Policy Number: [Insert Policy Number]
- Effective Date: [Insert Effective Date]
- Coverage Amount: [Insert Coverage Amount]
- Premium Amount: [Insert Premium Amount]

Please let me know if you require any further information to verify this coverage. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Name]