

# Insurance Coverage Confirmation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Email: [Recipient's Email]

## Subject: Moving Insurance Coverage Details

Dear [Recipient's Name],

We would like to confirm that you have purchased moving insurance coverage through our company for your upcoming move scheduled on [Insert Move Date]. Below are the details of your coverage:

### Coverage Summary:

- Policy Number: [Insert Policy Number]
- Coverage Amount: [Insert Coverage Amount]
- Deductible: [Insert Deductible Amount]
- Start Date: [Insert Start Date]
- End Date: [Insert End Date]

This insurance policy covers potential losses and damages that may occur during the relocation process. Please review the policy document attached for more information regarding exclusions and claims process.

If you have any questions, feel free to contact us at [Insert Contact Number] or [Insert Email Address].

Thank you for choosing [Your Company Name] for your moving insurance needs.

Best regards,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Phone Number]

[Your Company Email]