

# Insurance Move-Related Coverage Confirmation

Date: [Insert Date]

To: [Client's Name]

Address: [Client's Address]

Subject: Confirmation of Move-Related Coverage

Dear [Client's Name],

We are pleased to confirm that your move-related insurance coverage is now active. Below are the details of your policy:

- **Policy Number:** [Insert Policy Number]
- **Coverage Start Date:** [Insert Start Date]
- **Coverage Duration:** [Insert Duration]
- **Coverage Amount:** [Insert Amount]

Please keep this confirmation for your records. If you have any questions or require further assistance, feel free to contact us at [Insert Contact Information].

Thank you for choosing [Company Name]. We wish you a smooth and successful move!

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Phone Number]

[Email Address]