

Insurance Moving Coverage Acknowledgment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

To Whom It May Concern,

I hereby acknowledge that I have received and reviewed the details of the moving insurance coverage provided for my upcoming move. I understand the options available to me, including:

- Full Value Protection
- Released Value Protection
- Third-Party Insurance Options

I accept the terms of the provided coverage and confirm that I will take necessary precautions to ensure the safety of my belongings during the move.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]