

Insurance Relocation Coverage Verification

Date: [Insert Date]

To: [Recipient Name]

Address: [Recipient Address]

City, State, Zip: [Recipient City, State, Zip]

Dear [Recipient Name],

We are writing to verify the relocation coverage associated with your insurance policy, policy number [Insert Policy Number]. As part of our ongoing commitment to support you during this transition, we would like to confirm the specific details of your coverage.

Coverage Details:

- Relocation expenses covered: [Specify coverage]
- Duration of coverage: [Specify duration]
- Eligibility criteria: [Specify criteria]

Please review the above information and contact us if you have any questions or require further assistance. We are here to help you through your relocation process.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]