

Insurance Transfer Coverage Statement

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you about the transfer of insurance coverage for [Policy Number or Coverage Description] from [Current Insured Name] to [New Insured Name]. This transfer will take effect on [Effective Date].

The details of the coverage are as follows:

- Type of Coverage: [Specify Type]
- Policy Number: [Policy Number]
- Current Insured: [Current Insured Name]
- New Insured: [New Insured Name]
- Coverage Amount: [Amount]

We have ensured that all necessary documentation has been completed and submitted for this transfer. Should you have any questions or require further information, please do not hesitate to contact us at [Your Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Contact Information]