

Confirmation Request for Accident Forgiveness Insurance Eligibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this message finds you well. I am writing to request confirmation regarding my eligibility for accident forgiveness insurance coverage. My policy number is [Insert Policy Number].

Having had a safe driving history and a commitment to maintaining good standing with your company, I would like to know if I qualify for the accident forgiveness program and the specific requirements that need to be met.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]