

Request for Non-Filing Confirmation

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 [Claims Adjuster/Insurance Representative Name],

I am writing to formally request a non-filing confirmation for my insurance claims associated with policy number [Insert Policy Number]. As I have not filed any claims under this policy and require this confirmation for my records, I would appreciate your assistance in providing an official statement that confirms this information.

If you require any additional information or documentation to process this request, please do not hesitate to contact me at the phone number or email address listed above.

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

Sincerely,

[Your Name]