

Affirmation Letter Regarding Insurance Details

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Recipient Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to affirm the details of my insurance policy as follows:

- **Policy Number:** [Insert Policy Number]
- **Insured Amount:** [Insert Insured Amount]
- **Effective Date:** [Insert Effective Date]
- **Expiration Date:** [Insert Expiration Date]
- **Coverage Type:** [Insert Coverage Type]

Please consider this letter as confirmation of the aforementioned insurance details. Should you require any further information or clarification, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]