

Confirmation of Revised Insurance Start Date

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm the revised start date for your insurance policy. After our recent communication, we have updated your records accordingly.

Your insurance policy will now commence on: **[Revised Start Date]**.

If you have any questions or require further assistance, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company Name]