

Confirmation of Extended Policy Term

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to confirm the extension of my policy term for policy number [Policy Number]. This policy has been extended for an additional [duration] and will now be effective until [New Expiration Date].

Please let me know if you require any further information or if there are any additional documents to finalize the extension.

Thank you for your assistance.

Sincerely,

[Your Name]