

Policy Transition Confirmation

Date: [Insert Date]

To: [Recipient Name]

[Recipient Address]

Dear [Recipient Name],

We are writing to confirm the transition of your policy from [Old Policy Number] to [New Policy Number]. This transition will take effect on [Effective Date].

The terms and conditions of your new policy are as follows:

- Coverage: [Details of Coverage]
- Premium: [Premium Amount]
- Payment Due Date: [Due Date]

If you have any questions or need further assistance, please feel free to contact us at [Contact Information].

Thank you for your continued trust in our services.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[Contact Information]