

Assurance of Active Insurance Coverage

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are writing to assure you that your insurance policy with [Insurance Company Name] is currently active and in good standing. Your policy number is [Policy Number].

As of the date of this letter, your coverage includes:

- [List of Coverages]
- [List of Additional Benefits]

If you have any questions or require further information, please do not hesitate to contact us at [Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[Phone Number]

[Email Address]