

# Confirmation of Requested Insurance Adjustments

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 [Insurance Company Contact Name],

I am writing to confirm the receipt of my requested adjustments to my insurance policy (Policy Number: [Insert Policy Number]).

The adjustments requested were as follows:

- [Adjustment 1]
- [Adjustment 2]
- [Adjustment 3]

I appreciate your attention to this matter and look forward to your confirmation of these changes.

Thank you for your assistance.

Sincerely,

[Your Name]