

Letter of Acceptance for Insurance Policy Transfer

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your request for the transfer of your insurance policy, with policy number [Insert Policy Number], has been successfully accepted.

We have reviewed your request and all relevant documents, and we are happy to proceed with the transfer effective from [Insert Effective Date]. Please note that all terms and conditions of the original policy will remain intact unless otherwise specified.

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information]. We appreciate your trust in us and look forward to continuing to serve your insurance needs.

Thank you for choosing [Your Company Name].

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]