

Confirmation of Insurance Policy Transfer

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 [Recipient's Name],

We are writing to confirm the transfer of the insurance policy listed below:

Policy Number: [Insert Policy Number]

Current Insured: [Current Insured Name]

New Insured: [New Insured Name]

This transfer is effective as of [Effective Date]. Please acknowledge receipt of this letter and confirm that all necessary adjustments have been made to reflect this transfer in your records.

If you have any questions or require further information, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position if applicable]

[Your Company if applicable]