Confirmation of Enhanced Insurance Plan Request

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to confirm the receipt of your request for an enhanced insurance plan. Your request has been successfully processed, and we appreciate your decision to upgrade your coverage.

Details of your request are as follows:

• Plan Type: Enhanced Insurance Plan

• Policy Number: [Insert Policy Number]

• Effective Date: [Insert Effective Date]

• Premium Amount: [Insert Amount]

If you have any questions or require further assistance, please do not hesitate to reach out to our customer service team at [Insert Contact Information].

Thank you for choosing [Company Name]. We look forward to serving your insurance needs.

Sincerely,

[Your Name]
[Your Position]
[Company Name]