

# Insurance Policy Confirmation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Recipient's Name]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Confirmation of Insurance Policy**

Dear [Recipient's Name],

We are writing to confirm your insurance policy details as outlined below:

**Policy Number:** [Policy Number]

**Type of Insurance:** [Type]

**Effective Date:** [Effective Date]

**Coverage Amount:** [Coverage Amount]

**Premium Amount:** [Premium Amount]

**Payment Frequency:** [Monthly/Quarterly/Annually]

Please review the details above and contact us at [contact information] if you have any questions or require further assistance.

Thank you for choosing [Insurance Company Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]