Insurance Policy Confirmation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Company Address]

[City, State, ZIP Code]

Dear [Insurance Company Representative/Specific Name],

I am writing to request confirmation of my insurance policy, which was issued on [Policy Issuance Date]. My policy number is [Your Policy Number].

Please provide me with details regarding the current status of my policy, including coverage specifics, expiration date, and any additional information I may need.

If there are any forms or further information required from my side, please let me know at your earliest convenience.

Thank you for your assistance.

Sincerely,

[Your Name]