

# Confirmation of Insurance Coverage Request

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 [Insurance Company Representative's Name],

I am writing to confirm my insurance coverage request for the following policy:

- Policy Number: [Insert Policy Number]
- Type of Coverage: [Insert Type of Coverage]
- Effective Date: [Insert Effective Date]
- Amount of Coverage: [Insert Amount]

Please confirm that my request for coverage has been received and is being processed. If any further information is needed, do not hesitate to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]