

Insurance Transfer Confirmation

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to confirm the transfer of your insurance policy from [Old Insurance Company] to [New Insurance Company]. Below are the details of the transfer:

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

Please review the policy terms and conditions attached to this letter. Should you have any questions or require further assistance, feel free to contact our office at [Contact Number] or [Email Address].

Thank you for your trust in us.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[Company Phone Number]