

[Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Confirmation of Insurance Policy Details

Dear [Recipient Name],

This letter serves as official confirmation of your insurance coverage details as requested. Please find the policy information below:

- **Policyholder Name:** [Name]
- **Policy Number:** [Policy Number]
- **Coverage Type:** [Type of Insurance]
- **Effective Date:** [Start Date]
- **Expiration Date:** [End Date]

The policy remains active provided that all premium payments are kept up to date. If you have any questions regarding your coverage limits or require a full copy of the policy document, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Signature]

[Your Title]

[Insurance Company Name]