

Insurance Policy Audit Confirmation Request

Date:

To:

Insurance Company Name

Address

City, State, ZIP

Re: Policy Audit Confirmation Request

Policyholder Name:

Policy Number:

Audit Period:

We are conducting an audit and require confirmation of the following insurance policy details:

Coverage Type	Effective Date	Expiration Date	Limits	Premium	Status
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Please confirm if the information above is accurate, or provide any necessary updates or additional information regarding the insurance policy for our records.

If you have any questions, please contact us at:

Contact Name:

Phone:

Email:

Sincerely,

Auditor Name

Company Name